

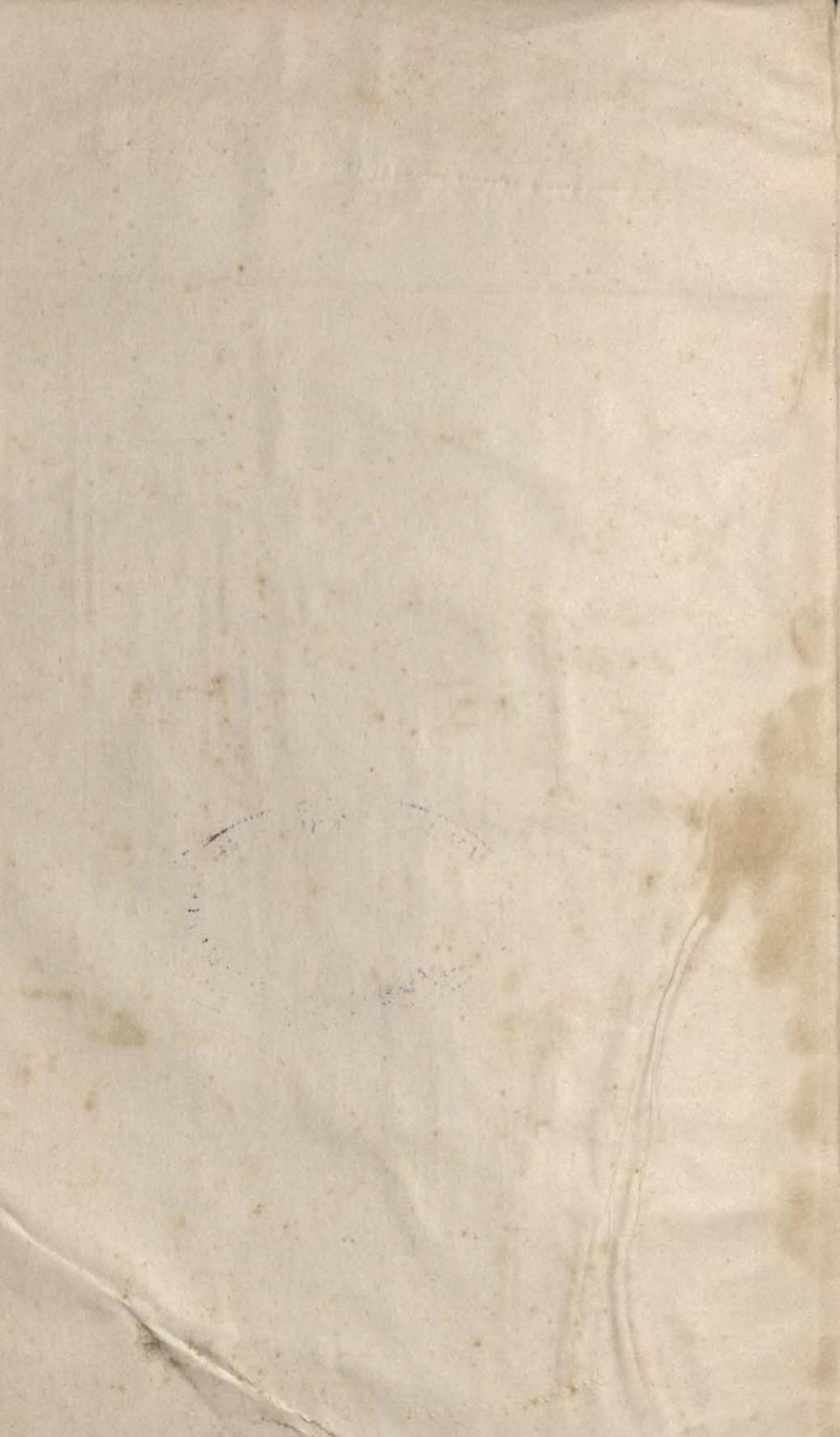
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# REPORT OF THE SEMINAR ON THE PRE-SCHOOL CHILD

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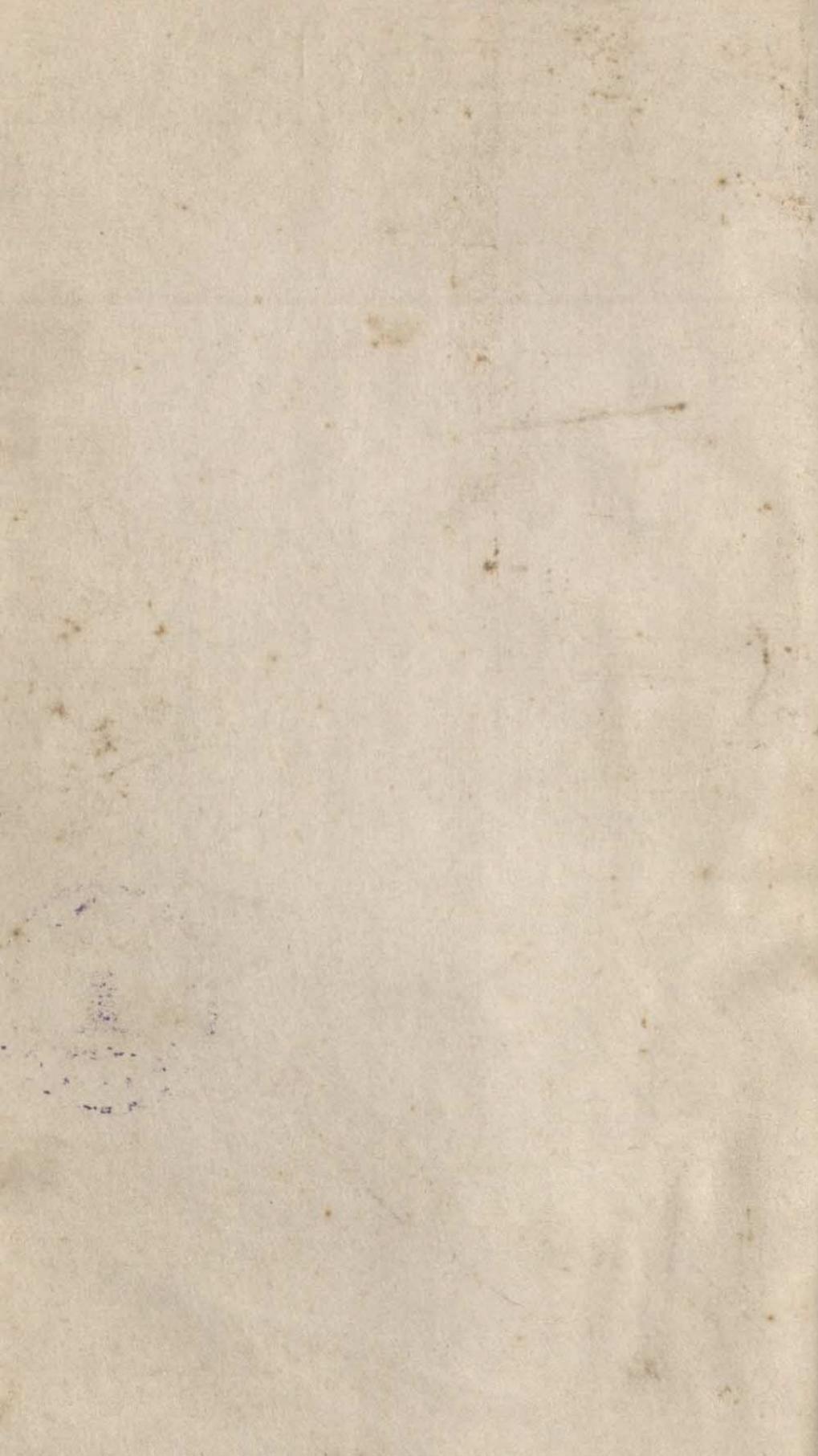
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REPORT  
OF THE  
SEMINAR  
ON THE  
PRE-SCHOOL CHILD

HELD IN MADRAS (INDIA) 14th—19th DEC. 1970



ORGANISED BY  
INTERNATIONAL CHILDREN'S CENTRE, PARIS AND  
INDIAN COUNCIL FOR CHILD WELFARE, NEW DELHI  
WITH THE SUPPORT OF THE GOVERNMENT OF INDIA AND  
THE UNITED NATIONS CHILDREN'S FUND (UNICEF)

REPORT  
OF THE  
SEMINAR  
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## **INTRODUCTION**

It is not sufficiently known that much of the physical, mental and emotional development of the child takes place before he reaches the age of 6 years when he normally comes to the primary school. This period of early childhood is also a period of rapid growth and change. Research has shown that adverse influences operating on children during this period result in severe limitations in their development, some of which at least are irreversible. If during this period of early childhood, adequate attention is not paid to the cognitive development of the child, that the child does not have the needed ability to benefit from education in the primary school in adequate measure. Many of the remedial measures subsequently taken to remove the limitations accruing in these circumstances also do not fully succeed in setting things right and so resources spent on these measures are mostly wasteful. In the same manner, much that is offered to the child later does not bring in adequate returns because the conditions for making satisfactory use of it are not there.

### **Integrated services for the Pre-school child**

Children need help throughout childhood, but children's needs are critically important, while they are under six years of age. While this age is so important, children under six, particularly between 1-6, are comparatively less attended to through organised services in relation to health, nutrition, education, recreation, etc. The services that are there are meagre, they reach too few children and besides, the content of the services is scanty. Children during this period are thus exposed generally to unsafe environment. Their needs in relation to health, nutrition, education, recreation and social welfare are highly inter-related and they have, therefore, to be met by appropriate services, planned, organised and made available in an integrated manner both in the family and in the community.

It was, therefore, considered appropriate to meet in an interdisciplinary seminar with administrators, policy makers, programme formulators and allocators of resources to review the status of services for Pre-School Children in India and work done in relation to allied matters and to evolve a strategy for improving, expanding and initiating the relevant services.

Keeping this goal in mind, the International Children's Centre, Paris, and the Indian Council for Child Welfare organised a Seminar

on the Pre-School Child, in Madras (India), from the 14th to the 19th December 1970, with the support of governmental, inter-governmental and non-governmental agencies; national and international. The Government of India; UNICEF; World Health Organisation; International Children's Centre, Paris; and Indian Council for Child Welfare made available for the Seminar assistance and help, in many ways.

Thiru V. R. Nedunchezhian, Minister of Health and Education, Tamil Nadu, presided at the Seminar which was held at Rajaji Hall in Madras. Shri B. Venkatappiah, Member, Planning Commission, Government of India, delivered the inaugural address. Justice Thiru R. Sadashivam of the High Court of Tamil Nadu delivered the Valedictory address. Dr. (Mrs) Phulrenu Guha, President, Indian Council for Child Welfare and Chairman of the Seminar Committee welcomed the participants at the inaugural session and presided over the valedictory function.

### **The Objectives of the Seminar**

The needs of children can more fruitfully be studied with reference to a particular age-group as the numbers involved in the various age-groups are huge and needs of different age groups also differ in many ways. Among the various age-groups, the pre-school age-group is more vulnerable and comparatively less attended hitherto before through organised services. It was, therefore decided that it will be useful to study the needs of children of the age-group 1 to 6 years, review the existing arrangements made by governmental and non-governmental agencies to meet them, and to identify gaps that exist in the services organised for children with a view to evolving a national strategy to improve the quality of the services through appropriate remedial measures and to expand them to cover larger numbers. In addition to this, it is equally essential to have a perspective and direction for further expansion of services for children, if all the children of this age group were to be efficiently covered, in the foreseeable future.

### **The Focus of the Seminar**

Ultimately those who organise and operate services for children in governmental or in voluntary sectors have the responsibility for achieving results. It is they who at various levels find resources, formulate policies and programmes, build up organisational resources and operate on them and finally deliver the services. It is they who can usefully take note of the gaps between current needs and the services, benefit from results of relevant recent researches, find possible ways of developing material and human resources and profit from guide-lines for the new strategy. It is in this hope that the Report of the Seminar with its findings and recommendations has been prepared for the use of those on whom responsibil-

lity lies to organise and render services to children in an integrated manner, economically, effectively and adequately.

The papers were presented by the authors personally at the Seminar in most cases, only in some cases they were read out in their absence. Before the Report was prepared the authors were given an opportunity to revise their contributions in order to make the data and their findings up-to-date.

The Report contains the pith and substance of valuable suggestions which were made during the six-day deliberations which according to many delegates provided a new kind of positive experience.

### **Participants**

In all, 89 delegates and 2 observers attended the Seminar. Among them there were policy makers, planners, programme formulators, administrators, other professionals, academicians, and people engaged in child welfare work, at various levels. Representation of Government of India, State Governments and Union Territory Administrations was ensured at the Seminar. Representatives of UNICEF, WHO, FAO, International Children's Centre, Paris, and CARE participated in the deliberations along with WHO and UNICEF Fellowship Holders from Ceylon, Indonesia, Nepal and Thailand. Persons eminent for their work in the areas which were chosen for study by the Seminar, contributed papers on important topics.

### **Exhibition**

An exhibition entitled "*Services for the Pre-School Child—Aids and Equipment*" was organised on the occasion of the Seminar. It was arranged keeping in view the technical character of the Seminar. It attempted to show selectively the services available to the pre-school child and the aids and equipment which could be used in the operation of these services. There were stalls of the Central Social Welfare Board and agencies from the U. N. Family. A few manufacturers of foods and educational aids and equipment also co-operated in this project. The exhibition which was opened by Dr. (Smt.) V. R. Nenduchezhian was open from the 14th to the 19th Dec. 1970 from 4 p.m. to 7.30 p.m.

### **Appreciation**

Participation of UNICEF, WHO, UNESCO and FAO in the Seminar was welcomed. The organisers of the Seminar are grateful to the Government of India and UNICEF for their contribution in the organisation of the Seminar.

The Seminar is also appreciative of the role played by various Ministries of Government of India, Planning Commission, other national and international, inter-governmental and non-governmental agencies,

in the organisation of the Seminar. Grateful thanks are due to Madras State Council for Child Welfare and the able volunteers who made the stay of the delegates comfortable. The success of the Seminar was largely due to the generous and valuable contributions of the authors of papers presented at the Seminar and of the Chairman, Speakers, Secretaries and rappateurs of the various sections.

It is only through the continuous assistance of UNICEF, that the publication of this report has been possible.

## MESSAGE FROM PRIME MINISTER OF INDIA

What message can one give to experts in the field, who have many years of experience? To work for children must be the most rewarding of all work. It has been said : "Blessed be the hand that prepares a pleasure for a child, for there is no saying where it may bloom forth".

What can be more delightful than a healthy happy child? Our aim is not merely to bring pleasure, but to equip the child with the physical, intellectual and spiritual wherewithal to face the complexities and contradictions of the adult world.

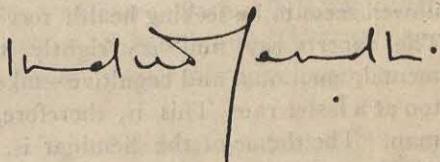
So impressionable is the small child and so much—the whole future—depends on how his impressions mould him, that care of the pre-school child must be the concern of all who are involved in public affairs, and especially of the Government. In India, child welfare programmes have suffered because of lack of funds. We are deeply aware of the needs of the pre-school child and of the link between his nutrition, health and education. As a small beginning, the Government have indicated their intention to improve nutritional standards, beginning with children in the slum and tribal areas.

The child needs protection from adult prejudices and insensitivity. Hence the importance of the training of *Balsevikas* who may be the first outside influence on the child.

The problem is so vast that it obviously cannot be met by Government alone or by voluntary organisations. All those who are interested must pool their existing resources and plan for coordinated work. This Seminar provides a useful meeting point for the Indian Council for Child Welfare, Ministries of the Union Government and International Agencies. Our workers will be enabled to keep abreast of the work done elsewhere. However, they should not forget that in each country and in a big country like India even in regions, the situation is different. Hence our programmes must take cognisance of local conditions and must fit in with them.

My good wishes to those who are dedicated in the service of the child.

New Delhi,  
December 12, 1970



## WELCOME ADDRESS

Dr. (Smt.) PHULRENU GUHA, CHAIRMAN, SEMINAR COMMITTEE

Mr. Venkatappiah, Mr. Minister for Education and Health, Mr. Carter,  
Dr. (Mrs.) Masse and friends,

On behalf of the Seminar Committee, I have great pleasure in welcoming you this morning to the inaugural session of the Seminar on the Pre-School Child (1-6 years of age) that will carry on its deliberations for the next five days here and to the opening of the Exhibition on "Services for the Pre-School Child—Aids and Equipment". Indian Council for Child Welfare developed this Seminar project at the request of the International Children's Centre, Paris.

I must acknowledge on this occasion the moral and the material support the organisers of this seminar received from the various ministries, departments, Planning Commission of the Government of India and the UNICEF. The deep interest evinced in the Seminar by WHO, FAO, UNDP, ILO, CARE, and other inter-governmental and non-governmental organisations at international and national levels strengthened the hands of the organisers, further. All this has made it possible for us to hold the seminar, as scheduled.

Coming to the subject matter of the Seminar, I might say that the Seminar is addressing itself to the needs of a very crucial section of the child population of India. Some services are there which touch mothers and children under one year of age. But children between 1 and 6, except those lucky ones, who have opportunities to go to some kind of a pre-primary school, by and large, are untouched by organised educational, health (including nutrition), and recreational services. A large number of these lucky children go to the Balwadis in rural and urban areas run by voluntary organisations and aided by the Central Social Welfare Board. In the area of health, it may be said that only children who are unwell seem to be seeking health services and not the well-doing babies. The experts say, and very rightly, that much of the growth—physical, mental, emotional and cognitive—takes place during this period and that too at a faster rate. This is, therefore, the most crucial period of life of man. The theme of the Seminar is, therefore, undoubtedly of crucial significance to the well being of children and the future of the country.

One more point about the way the Seminar and the Exhibition have been organised. It is my conviction that education, health and welfare services can jointly, with emphasis on children of the disadvantaged groups in the Indian Society, render very valuable service to this sector of the Indian child population and so to the country. What is to be given to the pre-school children through education and health services is fairly clear. But for giving educational and health services, the minimum social setting, climate, will have to be created and it is here that welfare programmes and the welfare workers, social work and social workers, would make valuable contribution. If the educational and health services were to be used by the disadvantaged children, there is need of further special support to their families as it would enable them to use the services for their benefit. These enabling services are the welfare services. I, therefore, hope that the Seminar will take note of the needs to offer health, education and welfare services in a co-ordinated, in an integrated, manner and serve the pre-school child for achieving maximum results.

The Government of India have been showing great interest in the welfare of children of the pre-school age-group. The crash nutrition programme for 0-3 year olds in slums and tribal areas is indicative of this. In the past and even now in some areas provision for children was and is lumped with other provisions. But the new provision finds a distinct and an independent position by itself in the Budget for 1970-71. It is a distinct improvement over the past. People and particularly parents seem to be wanting education, even pre-primary, for their children. Under people's pressure and partly because the State Governments have interest in the welfare of children, important policy decisions are either being taken or are in the offing. It must, however, be admitted that much of the educational and social welfare work done for the pre-school age-group is under voluntary auspices. That cannot, however, be said of health services. It is, therefore, according to me an auspicious time for building up a programme strategy for the Pre-school child and I think the deliberations of the Seminar may be found nationally helpful in dealing with this task.

The planners, administrators from the Government of India, State Governments, Union Territory Administrations, Municipal Corporations, Educationists, Specialists in medicine, nutrition, anthropology, psychiatry, social work, voluntary work and community leadership have all assembled here to participate in this Seminar. There are with us representatives from International Children's Centre, Paris, UNICEF, WHO, FAO, CARE, and Fellowship holders of WHO and UNICEF from Ceylon, Indonesia, Nepal and Thailand. I take this opportunity to welcome them all.

This is a technical Seminar and the Exhibition, which will be opened soon, has been planned keeping the technical character of the

Seminar in view. It will, I hope, lend effective support to the deliberations of the Seminar and enable all concerned to know what is available to the pre-school child in India. The services we offer to the pre-school child may not be adequate and their quality may be debated with a view to improving it. I am aware of it and I am sure the Seminar would consider this point. To those who are participating in the exhibition, therefore, I extend a hearty welcome.

We are all looking forward to the guidance that the Member of the Planning Commission in-charge of Social Services will give through his address for the deliberations of the Seminar. We welcome you, Sir.

Mr. Minister of Education and Health, as President of Tamil Nadu State Branch of Indian Council for Child Welfare, you combine in you, concern for the total child, apart from his education and health. We welcome you.

I welcome all the delegates.

We have tried our best to be helpful to the delegates in their travel plans and stay arrangements in Madras, but I hope the delegates will forgive us for shortcomings, if they have experienced any. Madras is known for its hospitality. And I am sure no efforts would be spared to make your stay not only comfortable but fruitful and meaningful.

I once again welcome you all.

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from 11.00 hours onwards and especially on a day like today. I hope that this Seminar is not going to be another audience. I hope that you will be able to make full use of the opportunity to exchange your views and experiences. I hope that the discussion will be frank and open. I hope that the seminar will be a success.

## STATEMENT

GORDON CARTER

DIRECTOR, UNICEF, SOUTH CENTRAL ASIA REGION

Madam Chairman, Honourable Ministers, Ladies and Gentlemen,

I shall be brief but, with your permission, explicit. UNICEF as an organization and I personally attach so much importance to the implications of this Seminar that I should be failing in my duty if I limited myself to commonplace remarks.

When this Seminar was first suggested some two years ago by the Indian Council for Child Welfare and the International Children's Centre, we in UNICEF immediately saw its implications in pursuit of two major objectives of UNICEF policy, namely priority to the pre-school age group and the development of cross-sectoral programmes.

Madam Chairman, the stage is set in India. In this country quite a lot is being done for the child in its crucial early years; more, probably, than many people realise. I can mention the thousands of rural balwadis of the community development movement; the family and child welfare programme of the social welfare boards and the Social Welfare Department's new pre-school feeding in tribal and urban areas; the Health & Family Planning Ministry's national schemes for immunisation and prophylaxis against nutritional anaemia; the Minister of Education's and NCERT's pioneering work in pre-primary education and the pre-school feeding assisted by CARE; the involvement of the Food Department and the interest shown by the food industries in the specific needs of the under-sixes; the fine work being done by a number of national, municipal and local voluntary agencies, amongst which the Indian Council for Child Welfare and the Indian Association for pre-school education, the growing concern expressed in the editorial columns of the press for this age group; and the last but not least, the dedication of countless individuals, most of whom are unknown to us.

But I say : too few children are reached ; and the service is often scanty. I ask : can we allow the development of a service to the most important age group in the country's population to continue on a chance basis ? Are we going to miss the golden opportunity now before us to take full advantage of all this resource.

I submit that this is the challenge to this convocation. It must come up with concrete recommendations for a *conceptual unity* in the work which everyone is doing; for *setting realistic but forward-looking targets*; for the polling of certain *common resources* including facilities for pre-service and in-service training for the thousands of staff who will be required; for *Economies of scale and streamlined logistics* as to make available to as many youngsters as possible, in an economical and administratively straightforward way a simple, yet professionally sound service which at once protects their health and gives them a solid preparation for making the most of primary schooling and the life ahead of them.

Who will then implement your recommendations ?

I offer the suggestion in that at the centre, a special working group should be constituted, by the Planning Commission if it agrees to this, to frame a set of national guidelines for early childhood care for all to follow and to ensure regular exchange of experience and views in the months and years to come. I propose that as a corollary, each state constitute a working group under the aegis of the Development Commissioner or Chief Secretary to tackle forthwith the co-ordination of existing services in the state and to liaise with central working group. But these groups at state-level must have a popular base and the active association of major public organizations, of universities, of foundations, of women's groups and of the press should be encouraged.

These preliminaries, if taken up now, would lay the basis for a deliberate policy reflected in specific programmes for the pre-school child, in the Fifth Plan.

In the neighbouring countries, whose delegates are amongst us today, and where such services are just beginning, similar moves should be envisaged, though adapted to their particular circumstances.

Madam Chairman, this seminar must create a momentum. Action must follow. UNICEF is keen to contribute in many ways to bringing action about. Let us act now on the fact that the way in which the early years of childhood are spent will determine the way in which crores of lives will be lived. Let us grasp this opportunity.

## **OPENING STATEMENT**

Dr. (Mrs) NATHALIE P. MASSE  
DIRECTOR OF TRAINING  
INTERNATIONAL CHILDREN'S CENTRE, PARIS

Your Excellency, Madam Chairman, Mr. Carter, Ladies and Gentlemen,

It is indeed a great privilege to address such a chosen audience of highly qualified specialists coming from so many different fields different administrations and different countries. This audience is the symbol of the global approach needed by the pre-school child, of the necessity to integrate all aspects such as health, nutrition, education, welfare and administration. I sincerely hope that during the next few days the different points of view will be frankly expressed and that we will be able to come to practical conclusions on the different, but most urgent problem of the care of the preschool child.

If one looks from a distance on the recent history of child welfare, it is clear that, with a few exceptions, priority was given to school age and infancy. Concern for the transition periods such as pre-school age and adolescence is in most cases fairly recent. But now, we have sound scientific reasons to stress the importance of this period of life and we must find ways and means to organize an effective care. As you know this is not only the problem of India, of Nepal, of Ceylon, of Thailand or of Indonesia. All countries, and among them some of the richest ones are hurriedly looking for solutions for all their children and especially for those belonging to the underprivileged groups.

In the International Children's Centre we are, as you may know, concerned with all childhood problems, and we try, through our teaching, our research and our documentation to face a great variety of questions. But we also must make some choice and during the last ten years we have given special attention to this age group. We have run a number of studies, of courses, of seminars on the small child in Africa, in Latin America and in Europe. But never have we been able to assemble such a great variety of specialists as here in Madras.

That is why on behalf of the International Children's Centre, I wish to thank the Indian Authorities and especially the Indian Council for Child Welfare, the U. N. agencies and especially UNICEF, and all

the participants from India and from other countries who have accepted to co-operate in this project.

This meeting is the direct consequence of a previous seminar organized in February 1969 at the All-India Institute of Medical Sciences on "Pediatric Education". At this seminar, the urgent needs of the pre-school age group were repeatedly stressed and soon after it the Indian Council for Child Welfare proposed us to organize together in India a seminar on the subject. Madras was chosen because of its remarkable experience and this is why we are all here together to-day.

Many people think that reaching the pre-school child is an impossible dream. But the story of Indian efforts and realizations shows that it can start to be a reality. I am sure that this meeting will have direct effects on the welfare of children in the countries represented. It will also be a stimulation for all the other regions of the world.

## INAUGURAL ADDRESS

SHRI B. VENKATAPPIAH

I am grateful to the International Children's Centre and the Indian Council for Child Welfare for asking me to inaugurate this important Seminar on an important subject. There is present here today a galaxy of scientists, specialists, academicians and social administrators who have had a long association with childcare and child education generally, as also with the special problems of the pre-school child. The papers which they will discuss in the next few days cover a wide variety of the needs of the pre-school child, including the aspects of health and nutrition, education and personality development, welfare and recreation. In the introductory observations which it is my function to make this morning, I do not propose either to cover the whole of this ground, however briefly, or presume to encroach on the specialised fields of expertise so well-represented at this gathering. In order that what I am going to say may be of some use in your deliberations I shall deal, at some length, with one subject, namely, nutrition in the context of the Fourth Plan and with special reference to the pre-school child. I shall indeed, also have occasion to dwell briefly on health and education as related aspects of the Plan. If, however, I propose to devote the larger part of my talk today to the subject of nutrition, this is so for three specific reasons :—

First : It is being increasingly realised that nutrition has a "developmental" content in the strict economic context not less significant than, say, irrigation or electrification. It is partly in recognition of this fact that over the 5 year period from 1969 to 1974 the Indian Government has provided an additional outlay of Rs. 45 crores in the Plan sector, besides some 25 to 30 crores outside it, on nutrition. Out of this total of about Rs. 75 crores, not less than Rs. 50 crores may be said to be relatable to programmes which have a direct or indirect bearing on the pre-school child. Some account of these programmes in the total perspective of the nutritional effort should, therefore, be of interest to this Conference.

Second : Most of the organisations, voluntary and official, which are active participants in programmes of nutrition for the pre-school child, have also a similar role to play in programmes

of health, education, welfare and recreation. Any account of these institutions in the context of nutrition would, for that reason, be relevant to the whole range of activities concerned with the pre-school child.

Third : The problems which arise in implementing schemes of nutrition for the pre-school child are in many ways similar to, and in some ways more complicated than, those connected with pre-school education, health and recreation. The Indian experience with nutrition illustrates difficulties and poses problems which have not by any means been solved or brought near solution. What is involved is often a matter of detail, but of important detail, since on it—and on similar details—depends the success of the programme as a whole. An analysis of some of these aspects of detailed implementation should, it appears to me be of interest to a Conference so oriented towards end-results as is the present Seminar.

2. "Where so many are under-nourished", says the Fourth Five Year Plan, "more food is the first step towards better nutrition". It adds "in this sense, therefore, the nation-wide endeavour to develop agriculture, along with animal husbandry and fisheries, must be regarded as the base of all effort in nutrition. In the very process of production, including the planning for different crops, it is both necessary and possible to provide for the main needs of good nutrition. While this will be sought to be ensured both generally in the agriculture programmes and specifically in the areas covered by schemes of applied nutrition, the important problem remains of widespread malnutrition among certain vulnerable categories of the population".

Among the most vulnerable categories, and therefore, among the highest priorities, is the pre-school child.

The laying down of priorities becomes necessary not only because there is not enough food, let alone nutritious food, to go round, but because other resources—specially financial resources and those connected with organisation and personnel—are either scarce or have to be built up the hard way through realistic programmes and efficient work. The Fourth Plan, therefore, stresses that, along with the identification of priority needs, classes and areas, two things must be done : first, the establishment, expansion and streamlining of the organisations which reach out to the vulnerable classes; and, second, the production, processing and procurement of the supplies which are made available through the organisations. In both these important aspects, namely, distribution and supply, difficulties arise, firstly, in tailoring policies and programmes to resources and, secondly, in the coordination of the programmes themselves in different spheres and at different levels of organisation, official and volun-

tary, Union and State, international and national. These considerations apply of course to the nutritional programme as a whole. In India, a great deal of attention has been paid to this programme and a deliberate attempt made in the present Plan to put forward, in however limited a way, an integrated approach towards national nutrition. It is obvious that schemes to provide better nutrition for the pre-school child can only be a part, though an important part, of such an integrated programme for the country as a whole. I shall accordingly make a brief reference to the total programme of nutrition in the Fourth Plan and then draw more pointed and detailed attention to such of the schemes included therein as are specifically directed towards the pre-school child.

3. The integrated programme territorially covers the whole of India, priority-wise seeks out the more vulnerable classes, and financially involves an expenditure of slightly over Rs. 45 crores in terms of Plan outlay. This should not be interpreted as representing the total expenditure on nutrition by different State Governments and the Union Government during the period covered by the Fourth Plan. I have, for instance, mentioned an item of Rs. 25 crores to Rs. 30 crores which is outside it; the status of this at the moment is purely that of an estimate of expenditure over the Plan period of an important Central programme, just started, for feeding 20 lakh pre-school children (of the 0—3 group) half of them in the slum areas of cities and half in the relatively neglected tribal tracts. Second, there is a considerable amount of state expenditure included in the ordinary budgets, as distinguished from the Plan provisions, of different governments which is not included in the figure of Rs. 45 crores of new outlay for the Fourth Plan. A striking illustration of such expenditure is that incurred on mid-day meals for school children. While the Plan outlay in the State sector (Rs. 5 crores) is estimated to cover an additional number of some 3 million school children, the State budgets already provide for on-going programmes which cover nearly four times that number, viz., 11 million children. Third, there are a few programmes executed out of their own resources by Panchayats and other self-governing local institutions, the outlay on which does not figure in the Plan. Last, but by no means least in importance—and possibly foremost in magnitude—is the cost of the commodities provided free by foreign or international organisations such as CARE, UNICEF and Catholic Relief Services. These include rolled wheat, bulgar wheat, milk powder, corn flakes, vegetable oil and the like. The State Governments bear the administrative, transport and storage charges pertaining to the distribution of these commodities; only such cost, and not the cost of the commodities themselves, is reflected in the figures of outlay I have given.

4. Out of the Plan outlay of Rs. 45 crores, about two-fifths or Rs. 18 crores is devoted to schemes of production, processing, fortification, prophylaxis and other items of a relatively technical character. Indeed, out of this provision, as much as Rs. 8 crores is earmarked for the production

of balahar and other low-cost protein foods as also of groundnut flour, soyabean products and certain weaning foods. Among other important schemes in this sector are firstly, a scheme of Rs. 4 crores for prevention of nutritional anaemia in expectant and nursing mothers and pre-school children, as also a series of feasibility tests or pilot schemes for fortification—in some cases with lysine or vitamins, in other instances with calcium, iron or other minerals—of bread, wheat products, and similar staplefoods, as also of salt. A number of technical, institutional and training programmes—connected, for example, with fruit preservation or catering technology—are included in this part of the nutrition plan. Most of the schemes I have referred to here are the responsibility of the Department of Food, a notable exception being the one pertaining to nutritional anaemia which is in the charge of the Department of Health and Family Planning.

The remaining three-fifths of the plan outlay, viz., Rs. 27 crores, represents the expenditure on the nutritional programmes directed or implemented by the Departments of Community Development, Social Welfare and Education. The Ministry of Education at the Centre, and more directly the State Governments through their appropriate Departments and educational organisations down to the village schools, are concerned with the programme of mid-day meals for school children which I have referred to as involving an additional outlay of Rs. 5 crores during the Plan period. The balance of Rs. 22 crores is divided between three large programmes : the Applied Nutrition Programme (Rs. 10 crores) and the Composite Programme for Women and Pre-school Children (Rs. 6 crores), both under the Department of Community Development; and the Programme for the Nutrition Feeding of Pre-School Children through Balwadis (Rs. 6 crores) which is operated by the Department of Social Welfare.

I should perhaps add that, for the first time in the history of these programmes, a machinery for the coordination of this diversity of schemes, Plan and non-Plan, and multiplicity of departments, Union and State, has been provided in the shape of a Central Coordination Committee on Nutrition which, together with the appropriate sub-committees, is located in the Planning Commission.

5. It is in this total context, then, that one must consider those schemes of nutrition which are either specifically designed for the pre-school child or are otherwise of special significance for his well-being. Among those I have mentioned, there are four schemes which are in terms concerned with pre-school children : (1) the composite programme for women and pre-school children, under the Department of Community Development; (2) the nutritional feeding of children in Balwadis, under the Department of Social Welfare; and, for those under three years of age, (3) mid-day meals for children in tribal areas, and

(4) mid-day meals for children in the slum areas of metropolitan cities, both the last-mentioned schemes being under the Department of Social Welfare. The programme under the Health and Family Planning Department which relates to prophylaxis against nutritional anaemia in mothers and children is of special significance for pre-school, including prenatal, children. Finally, in more than one aspect demonstration feeding, for example, or the production of local foods of nutritional value—the applied nutrition programme is of considerable importance for all younger age-groups.

At this point in the enumeration of schemes it might well be asked, "But how does one arrive at this precise division of ages and, more importantly, how does one demarcate one age-group from another for operational purposes?" This is a real difficulty, the first of many that will be encountered, and the answer I think is that the grouping should be practical and need-based rather than meticulously arithmetical or chronological. It would, for example, be neither nutritionally nor administratively tenable to hold back the four year old or five year old boy from the mid-day meal of his younger brother on the ground of being over-age and, simultaneously, from that of his elder brother on the ground of being under-age.

6. Much of the complexity of pre-school nutrition can be traced to the diversity of the agencies through which the programmes have to be executed as also the wide differences in the coverage and organisational efficiency of these agencies. This aspect finds mention in the Fourth Plan as follows :

"Programmes concerned with pre-school children and expectant and nursing mothers...become an important item in the activities of Balwadis. The efficiency and coverage of the existing agencies, voluntary and departmental, vary in different parts of the country. Better implementation of nutrition programmes is sought to be ensured in the Plan by effecting improvements in organisation and providing for adequate supervision. There are also new schemes for the use of a wider organisational network involving the association of women, so that children, specially pre-school children, are properly looked after."

The association of women, which stressed in the foregoing passage and which is so important for any programme connected with the pre-school child, is sought to be secured in various ways and in particular through Mahila Mandals. Neither the Mahila Mandal nor the Balwadi can of course be expected to confine its attention to nutrition. Their activities, like their objectives are multifaceted. It is necessary to coordinate the nutritional aspect of the activities with, for example, the economic activities of Mahila Mandals and the recreational activities of Balwadis. Thus, the programme of the Department of Community Deve-

lopment dealing with the composite scheme for women and pre-school children has distinct financial provisions for encouraging the economic aspect of the activities of Mahila Mandals. In view of the importance of nutritional education generally and of disseminating it through Mahila Mandals in particular, there are also large provisions in the composite scheme, firstly, for the theoretical or class-room part of the education and, secondly, for demonstration feeding at different centres. Concurrently, there are items in the programme which concern themselves with the training of associate women workers as also the strengthening of the supervisory machinery for women's programmes. Only two of these items, namely, nutrition education and supervisory machinery, are in the State sector, and the others are part of the Central Plan; though all the items—State and Central together—constitute the composite programme. Here is an example of the many agencies that must work together in order to achieve the objective postulated. The importance as well as the magnitude of the organisational issues involved may be inferred from the fact that the composite programme is expected to cover as many as 1200 blocks during the Fourth Plan. Further, it is through Mahila Mandals, wherever possible—as also similar organisations with which the women of the locality are associated—that a substantial part of the work connected with the tribal programme covering 10-lakh pre-school children and with the slum area programme covering another 10-lakh pre-school children has to be implemented if the programmes themselves are to yield optimum results. In these respects, as also in connection with the many local departments at the block level which enter into the different activities of the applied nutrition programme, the degree of coordination to be achieved is indeed very great. This naturally presents difficulties as between one department and another, and one hierarchical level and another. The difficulty, especially in the lower echelons, tends to be further accentuated where voluntary agencies and departmental personnel have to work together in fruition and not friction. In many ways the fruition—i.e. the success of the programmes from the point of view of the objectives postulated may be expected to be directly proportionate to the integrity and efficiency of the departments and organisations involved, especially those working at the village and block levels. The problems which arise are not only those of coordination, but also of managerial competence and efficiency including proper recruitment, suitable training and effective supervision.

7. Another difficulty centres round the important element of cost. As with pre-school education, so with pre-school nutrition, cost is a basic aspect. The search is proceeding, as in the applied nutrition programme, for cheap nutritious food, locally grown. But this has not so far been successful on the scale necessary for pursuing a programme which is both self-supporting and country-wide. As I have pointed out, one of the substantial items of cost which does not figure in the integrated

outlay of Rs. 45 crores is the financial equivalent of the food items donated by international agencies and overseas institutions. Such aid is welcome; it is good ; and indeed, at the outset, it may be an indispensable element in the whole conjoint effort. But no national programme can be conceived as a viable proposition over a number of years unless elements are built into it from the very start which enable the effective, even if gradual replacement, of altruistic assistance from abroad by adequate endeavour from within the country. No greater harm can be done to the pre-school child than indefinitely to link his nutrition to charitable external sources for its supply or to ephemeral domestic organisation for its distribution. The country itself must grow and mobilise the food its children eat, even as it must shape and stabilise the machinery for distribution of that food.

In any such effort, both local research and local finance must play an important part. So far as the latter is concened, it is clear that no country-wide scheme for the feeding of local children can be sustained on the tax revenues of the Central and State Governments. Voluntary donations must play a part; and so too, and more importantly, must the local financial resources of village panchayats and Zila Parishads. Indeed much of the cost would have to be met, not so much in terms of cash, as of commodities locally grown and contributed for the operation of the scheme. This will include, for example, the produce raised as a result of the orgnisation of kitchen gardens in schools and the growing of orchards in the land owned by the village community. The point I would emphasise, however, is the one concerning local research. This has for obvious reasons to be organised in terms of relatively small units such as a district or group of districts, and not for the country as a whole. The two requisites would be (1) compactness and (2) homogeneity of agro-climatic conditions. The Agricultural Universities, in conjunction with the national institutes of research—including those pertaining to agriculture on the one hand and food or nutrition on the other—are obviously in the best position to organise such area-wise research in different States. The object of the research would be to evolve local patterns of production which would yield cheap and nutritious food. Both research and extension—the latter in collaboration with the Community Development staff and on the lines of the Applied Nutrition Programme—would have to be strictly oriented to local conditions and conducted with full awareness of the need to reduce cost. Research endeavour of this type would seem indispensable if nutritional efforts are, in the long run, to be self-sustaining and self-propelling.

8. The success of programmes for pre-school children depends so much on careful study of local needs and on continual attention to local details that it seems worthwhile to take some notice of two other aspects connected with the organisation of nutrition programmes. One of these is concerned with the form in which the food is provided and the second

relates to the organisation which undertakes the processing or cooking (if necessary) of the food as well as its distribution to the pre-school child.

To take up the latter point, it will be seen from the account I have given of the relevant organisations that the pre-school child has no one single form of distribution but a range of alternatives, out of which one or two—and frequently none—may be available in his home-town or village. It may happen that he accompanies his mother to a Maternal and Child Health Centre or to a Primary Health Centre. Here, theoretically, he can be provided with appropriate nutrition. But the personnel at these centres are largely medical and technical and their duties are mainly prophylaxis and medical attention. Hence, it has generally been found suitable at these centres to give tablets or provide milk or other compact items rather than undertake any elaborate feeding. Among important nutritional functions undertaken at these centres are the administration of vitamin A and the treatment of nutritional anaemia. Where, however, there are schemes for the provision of milk to the pre-school child, these centres might well be found to be particularly suitable. Indeed, in connection with different schemes for the provision of milk for the pre-school child and other vulnerable classes, it will not be surprising if increasing use is made of Maternal and Child Health Centres and Primary Health Centres including those organised under the Family Planning programme.

Another place to which the pre-school child sometimes goes—in this case with his elder brother or elder sister—is the local school. Indeed some schools which provide mid-day meals for school children cater also to a small proportion of pre-school children who either attend informal classes or are present during the recess when meals are served. Where other suitable places are lacking, this again might well be found to be a convenient centre for feeding the pre-school child.

But it is primarily in Balwadis organised under the guidance of the Central Social Welfare Board or other similar centres sometimes organised by Mahila Mandals etc. that the pre-school child is given facilities specifically intended for him. I have said that the Balwadis are not designed for nutritional feeding alone. The range of their activities is wide. The services provided include regular health check-up, immunization against contagious diseases and inculcation of good habits of nutrition. Moreover, attempts are made in the Balwadis to enliven the surroundings with a number of fetiaures, including play-grounds, which interest the pre-school child. The Balwadis have another characteristic which is important from the point of view of nutrition. This is the provision of a number of local foods in the from of Nashta. The items vary from place and include foods such as bananas, oranges, pears, papita etc. in season; vegetables such as carrots, tomato and radish, as also porridge of grounded wheat, rice flakes, groundnuts, boiled gram and biscuits. Powdered milk supplied by CARE or UNICEF is also provi-

ded along with Nashta wherever available; otherwise, the items are largely local. Because of this emphasis on indigenous foods, the Balwadis become an excellent ancillary to the applied nutrition programme and certainly are among the more promising institutions designed for the pre-school child. At the commencement of the Fourth Plan the Balwadis covered some 2 lakh children. The new scheme in the Plan for which Rs. 6 crores have been provided under the Department of Social Welfare is expected to bring another 5 lakh pre-school children under this programme.

9. It is necessary to emphasize that the acceptability of the food itself in the form in which it is made available, and the need and practicability of cooking or processing it before consumption are items which are at least as important as the institutional means of distributing the food. One problem here is in regard to the easier availability and transportability of uncooked food stuffs as against the readier acceptability of cooked food. The problem of cooking invariably presents a difficulty. The difficulty may sometimes be of such a degree as to interfere with the whole system, as when additional duties are placed on the school teacher or his assistant who, in accepting responsibility for cooking on payment of a small remuneration, may often tend to neglect his other duties. It also happens in a number of schools that, for purely physical reasons such as lack of proper accommodation, that part of the task which relates to processing or cooking is not easily organised. In such cases, and generally from the point of view of cheaper, cleaner and better food for the pupil, the establishment of a central kitchen for a number of schools has sometimes been found suitable. This method has accordingly been adopted in some parts of the country for clusters of villages. An ideal solution might be some form of pre-cooked, or otherwise suitably processed, food including biscuits and snacks, which, while being nutritious, would also be easy to transport and find easy acceptance with the pre-school child. A considerable amount of practical research needs to be done in this field with reference to different local conditions.

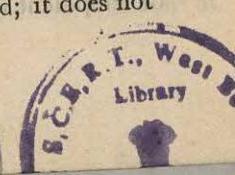
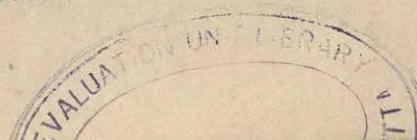
A preliminary point in all such cases is whether the food provided is in the nature of supplementary nutrition or is in itself a substitute meal. One of the interesting points which have come up from various surveys of mid-day meal schemes in different institutions is that, even where the original intention had been that of providing supplementary nutrition, the additional element soon converted itself into a regular meal for the school children. The implication of such a development—domestic, social and financial—would need to be carefully studied before any large extension of the mid-day meal scheme is effected for the benefit of the pre-school child.

10. I have dealt at some length with the different aspects of nutrition and have drawn attention to a number of practical details in order to illustrate my point that it is not the policy but the programme which reaches the child. A pre-school child drinks milk, eats food; it does not

S.C.E.R.T., West Bengal

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read reports of national commissions or have international charters on children's rights read out to it. Hence the need for attention to detail and emphasis on organisational efficiency rather than on national aspirations and international philosophies.

I shall make no more than a passing reference to the two other subjects I have mentioned, namely, health and education. The achievements in respect of health may be said to be impressive in relation to the position at the start of Planning some two decades ago, but insubstantial in comparison with what remains to be done. Health services for mothers and children have been considerably expanded over the past two decades. The number of maternity hospital beds which stood at approximately 10 thousand in 1951 has increased to over 45 thousand. Paediatrics has grown into a speciality during the past 20 years and there are nearly 8,500 beds for children. The services are not confined to towns and cities but have been extended to rural areas through Primary Health Centres and sub-centres. Out of 5,020 community development blocks, Primary Health Centres have been established in 4928 blocks. These have a role to play in health as in nutrition; so too have Maternal and Child Health Centres, including Family Planning Centres where the relevant services are integrated. Among other things, these provide the machinery for operating the scheme to immunise children against diphtheria and other communicable diseases; some 16—lakh children are to be covered by this scheme, during the Fourth Plan period. Under the law, every infant is required to be vaccinated against smallpox before it is 6 months old. Since it often happens in practice that parents and guardians do not fulfil this obligation, there is considerable scope here for voluntary organisations which can educate public opinion and facilitate implementation. A national programme is in operation for the protection of children against TB through BCG vaccines; the cumulative number of pre-school children so far vaccinated under this scheme is 25 million. The need for providing immunisation against poliomyelitis of school children is recognised, but concrete steps remain to be taken for the organisation of a large enough programme of this kind.

11. The pre-school age is a period of preparation for the more formal type of education which usually commences for the child at 6 years of age. As an organised effort, pre-school education is of relatively recent origin in India. One may recall the emphasis laid on it in 1944 by the Central Advisory Board for Education in its report on 'Post-war Educational Development in India'. It was then pointed out that one of the many consequences of the general lack of educational planning has been "that a very impressionable, plastic and educationally potent period of the child's life had received very little attention".

The Education Commission, reporting in 1966, pointed out the importance of pre-school education in various respects, including the development in the child of good health habits, desirable social attitudes

and emotional maturity, and also for encouraging its aesthetic sense, intellectual curiosity and self-expression. The Commission also stressed the significance of such institutions for the development of a good physique, so important for the child during the rest of its life. Pre-school education has indeed gained popularity in recent years, and according to the latest statistics available, 3—lakh children were attending pre-primary schools in 1967-68. Initiative has been taken by more than one State Government to run a few pre-primary schools themselves and also to provide assistance to Balwadis for the education of pre-school children. The Government of Tamil Nadu, for instance, has initiated a programme for the establishment of pre-primary schools in a series of blocks in different districts. The women village workers are given 3 month's training and put in charge of the pre-primary schools as Bal Sevikas. The Education Commission, it may be recalled, emphasized that pre-primary schools should conform to certain minimum standards which the State or the local body should lay down, "The role of the State", according to the Commission, "should be to maintain such centres at the State and district levels, train pre-primary teachers, conduct research, assist in the preparation of materials and literature needed for pre-primary education and provide supervision and guidance to pre-primary schools and training institutions"

Balwadis figure again, as a basic institution in the context of pre-primary education. They are an important element in the composite family and child welfare project where, in addition to recreational facilities for pre-school children, training is provided for women in home-craft, mother-craft, health, nutrition and child care. Accordingly, the Central Social Welfare Board assists a large number of Balwadis in both urban and rural areas. Among other activities, the Central Social Welfare Board proposes, during the Fourth Plan, to sponsor programmes for :

- (i) setting up seasonal creches in rural Balwadis;
- (ii) organising day-care centres for children of working mothers in urban areas; and
- (iii) setting up model homes for children and taking up research projects on special child welfare problems.

12. In conclusion, I would go back to one or two of the points I made earlier and sum up my observations. No aspect of child welfare can be more important than the well-being of the pre-school child. The pursuit of that well-being has to be organised in many spheres, notably education, health and nutrition—and by both official and non-official endeavour. Whatever the sphere and endeavour, the organisations which benefit the child and the problems which beset those organisations are often the same and have invariably much in common. The organisations must be firmly established and the problems determinedly solved. This calls for a coherent policy that takes all aspects of the child's development within its purview. It also demands considerable coordination at

defferent levels. And, as I have attempted to show with reference to the specific context of nutrition, it postulates a lively appreciation of local diversity and constant attention to practical detail.

I wish the seminar every success and have much pleasure in inaugurating it.

## STATEMENT

Dr. (Mrs) IKA PAUL—PONT

UNESCO CONSULTANT

TECHNICAL ADVISOR, INTERNATIONAL CHILDREN'S CENTRE—PARIS

I hope that your kindness will excuse all my shortcomings in English resulting from the fact that born and brought up in Pondicherry, I am French trained.

I am glad to have this opportunity to say a few words on behalf of UNESCO for which I worked recently as a consultant.

This is the first conference on the pre-school child to which UNESCO contributes by a technical report under its name. On previous occasions UNESCO expressed its interest for the subject through organisations such as the International Bureau of Education and the World Association for the Pre-school Education.

But 1970 has been selected as the International Education Year. The axis of the reflection on education, which it called for, has been throughout the concept of life—long integrated education. This notion, which is all too often identified with post-school education actually requires a thorough re-examination at all its levels, under all the forms it can possibly take, including and to start with pre-school education. It is not surprising therefore to see UNESCO show renewed interest for pre-primary education in this year 1970.

Adding to this official part my personal comments I wish to say that when I went yesterday through the provisional list of participants, I noted that some of us have a deep knowledge of the young child. They belong to the University, with a big U, and they practice the Gnana Yoga. Some others are the doers. Being directors of services they are the decision-takers or the policy-makers. Their Yoga is the Karma Yoga.

But, those who are in the immediate contact of hard realities in some of our half a million villages, are not much represented here. I am thinking of the Bal Sevikas often left, high and dry with their overwhelming load of 40 to 50 children between 2 and 6. I am confident that their representatives, I mean, their supervisors and trainers will make us

think of their daily problems and difficulties because they practice the Bhakti Yoga.

But the Raja Yoga which will combine all three aspects : i.e., the Gnanam, the Karam and Bhakti has yet to be attained. I am confident that this Seminar will contribute to it.

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## PRESIDENTIAL ADDRESS

THE HON. THIRU V. R. NEDUNCHEZHIAN  
MINISTER FOR EDUCATION AND  
HEALTH, TAMIL NADU

I am glad to see that a Seminar has been organized to consider the needs of Pre-School Children (1—6 years) at Madras. Pre-School children are tomorrow's school children. They are the future citizens of our country. Their health and their mental growth are very vital.

I am glad to see that Indian Council for Child Welfare and the International Children's Centre, Paris, have organized this Seminar with the support of several governmental and non-governmental agencies.

This age group is a vulnerable group and there is a great need to provide organized health, education, nutrition and welfare services to this group.

Many agencies, hospitals for children and public health departments have taken up several studies to know the health problems of this age group. It is seen that nearly 40% of the total deaths occur among children under 6 years. If one looks to causes of such deaths, two major causes are often pointed out. They are (1) Protein-Calorie, malnutrition. This is a major problem seen in this age group. (2) This age group of children have also problems of infection, (i. e.,) dysenteries and diarrhoeas.

The Women's Welfare Department have organized in collaboration with the Health Department an integrated Child Welfare Project at Poonamallee. The entire block is covered with about 50 Balwadis. Each Balwadi is in charge of a trained Bala Sevika. The Health, Education, Women's Welfare and Community Development Departments are putting their joint efforts to take care of the children both in the pre-school age group and in the school age group. Some of the experts who are attending this Seminar may like to visit the Balwadi Centres the Research-cum-Action Project at Poonamallee which has carried out several studies and educational Projects in this block. Your advice will help these agencies to improve their activities and this will help us to develop practical programmes for the Pre-School age group. It is seen from these studies that nutritional deficiencies like Protein and Vitamins particularly Vitamin A & D, deficiency in iron are the major deficiencies seen among children.

International agencies like "CARE" have come forward in a big way. They have provided funds for the construction of 1000 buildings for "Balwadi" in our State. Balwadis help Pre-School children for their mental and physical growth and development.

At this age, the nervous system of the children develops more than in any other age, so it is essential that children of this age group should be properly brought up in a healthy atmosphere.

Most of our pre-school children are suffering from protein calorie mal-nutrition, that too in our rural areas. That is why the mortality rate is high among the pre-school children, i. e., (40% of the total deaths occurring among the pre-school children form 11% of our total population.) So we should educate the mothers to give proper diet to their children. But we can't expect them to provide costly protein calorie rich food to their children. We can educate them to use the locally available cheap protein calorie supplements.

In this connection, it may be mentioned that the health Directorate in collaboration with Panchayat Union staff have organised a Project to study the nutritional status of protein calorie mal-nutrition among children and treatment with locally available cheap protein supplements in Tharamani, on an experimental basis. During this study Demonstration Project the opportunity is used to educate mothers and Madhar Sangam Members in preparing and feeding the children with protein calorie rich food like bengal gram, kanji or bayasam.

This Seminar can suggest in organising such studies to know the existing diet pattern among children, the nutritional deficiencies and to implement the introduction of supplementary diet programmes.

Seminars of this type can think and discuss and can arrive at certain conclusions which will be of great help and guidance to Governments in planning, organising, improving and expanding various services for the mental and physical growth and development of the children, particularly Pre-School children, who form the most vulnerable group of our community.

I wish the Seminar all success.

## **VOTE OF THANKS**

Mrs. CLUBWALA C. JADHAV

Hon. Minister, Mrs. Nedunchezhian, Mr. Venkatappiah, Mr. Carter, Mrs. Phulrenu Guha, Mrs. Pont, Delegates, Ladies & Gentlemen,

To me is given the honour to propose a vote of thanks in two capacities, one from the Indian Council of Child Welfare (National) and also from the State Branch of Indian Council of Child Welfare, Tamil Nadu. We are indeed greatly honoured that our Hon. Minister for Education Thiru Nedunchezhian has so graciously come and presided over the inaugural session of the seminar today. We are very grateful to you Sir—you did it also for us at very short notice. Our Hon. Minister for Education is not only a great educationist but also a great social worker. We are very proud and our State of Tamil Nadu is very proud that we have a very welfare-minded Cabinet.

To Mr. Venkatappiah, the Member of the Planning Commission, we indeed are very grateful. In his inaugural address, he has given us the entire history of the problem of pre-school child and also what is being done in our country in this direction. I told him that this paper of his should be printed in thousands and it should be distributed widely and should find a place in the libraries and also in the text-books in the schools.

We are very grateful to Mrs. Visalakshi Nedunchezhian for opening the exhibition which you will be shortly seeing. She, herself a doctor, is also a specialist in maternity and child welfare. By herself, she has done a great deal of good work in this direction. As the wife of the Minister now, she is not a practising doctor, but is a very very fine person and a specialist by herself.

We are grateful to Mr. Carter of UNICEF, Mrs. Masse of the International Child Welfare Centre, Paris. These are two organisations that have given us all this aid for this seminar and all its support. We are also thankful to Madame-Pont who concluded her address in Tamil for her message from UNESCO. Let me tell you, Ladies and Gentlemen, that though Mrs. Pont concluded her speech in Tamil, she is a Tamilian and she was born in Tondiarpet, educated and lived in Pondicherry and now a Parisian, if I am correct.

We are very grateful to WHO, UNESCO, UNICEF, ILO,

FAO, UNDP, CARE and other organisations, Government of India Ministries and State Departments, International and National agencies, Union Territories, administrations, the experts and all the participants who will be giving us their papers and their great experience during this Seminar.

The great sorrow about the Seminar has been that many who wanted to come to the Seminar could not do so. It is going to be a high powered Seminar with many experts participating in it. We thank our President Mrs. Guha.

We are indeed happy and honoured that this Seminar should take place in Tamil Nadu in the State of Madras. As it was rightly mentioned, it was the Madras experiment and Madras has done good work in this direction decades before, not one or two but four decades before. We have hundreds of pre-school child centres all over the State run by voluntary bodies, organisations and civic bodies and also the Government. I may mention one word more, namely, that the first school feeding programme in schools, was first started forty years ago here in Madras. We have pre-nursery schools for the physically and mentally handicapped and therefore we are proud that Madras has been chosen for holding this Seminar.

Lastly we are happy to find delegates—I recognise the delegate from Thailand, Nepal, Indonesia and I hope also from Ceylon.

Thank you very much Hon. Minister, Mr. Venkatappiah, Ladies and Gentleman.

## GROWTH AND DEVELOPMENT OF PRE-SCHOOL CHILDREN

Dr. M. V. PHADKE

Dr. (Miss) H. D. KULKARNI

One of the important methods of determining how a community or a state or a nation is faring is to determine the growth of its child population. Since growth and development of a child is dependant on a large number of factors which can be controlled, measurement of growth can be considered to be one of the most sensitive indices of the welfare of a community.

A lot of attention is being focused in recent times on the pre-school child; this is as it should be since this is the most neglected and overlooked age group in the whole span of childhood.

Coming now to my main topic of discussion, that is, Growth and Development, there are various methods available for measuring these twin attainments. I use the word "twin attainments" on purpose. It signifies that growth cannot really be separated from development; both have to be considered together, while growth indicates mainly increase in size and stature, development indicates functional maturation and attainment of physical and emotional skills.

A large number of parameters are available to assess various aspects of growth and development.

While parameters do exist, in most of the developing countries, there are no standard norms against which one could compare results obtained in any investigation. Until recently, therefore, we were using British or American norms for comparing Indian children—a very unsatisfactory situation indeed.

Things are however changed recently; the Indian Council of Medical Research embarked upon a nation-wide concerted attempt to collect data on physical growth. The present worker had the privilege of being closely associated with the project which took about eight years to complete. The investigation was very carefully carried out under strictly standardised conditions; the standardization included the method, the equipment, selection of stratification of sample, etc. The result is that we now have, for the first time, average values for physical growth of Indian children, which can be used with complete confidence.

From the mass of data available, I would now like to illustrate a few points with the help of a couple of very commonly used parameters, that is, those of height and weight.

TABLE 1

**Average Heights of Indian Boys (Cms.)**

<i>Age in years</i>	<i>Rural</i>	<i>Urban</i>
1	73.8	73.9
2	81.1	81.9
3	87.5	89.6
4	94.4	96.9
5	101.1	102.7

From this table it will be seen that the Urban figures are better than the rural. It also illustrates the point that up to one year the rural child compared well with the city child but something happens to him after that period.

If we compare our figures to the average American figures, we find the following:

TABLE 2

**Comparative Heights of American & Indian Boys (Cms.)**

<i>Age in years</i>	<i>50th percentile for Indian children</i>	<i>50th percentile for American children</i>
1	73.54	75.2
2	81.77	87.5
3	88.56	96.2
4	95.91	103.4
5	102.24	108.2

This shows that, while the one year old Indian child starts with a deficit of 1.6 cms. that is to say 2.3 per cent; by the age of 5 years the deficit has increased to 5.5 per cent. Part of this deficit may be due to racial characteristics, but a fair share must be apportioned to environmental factors.

TABLE 3  
Average Weights of Indian Boys (Kg.)

<i>Age in years</i>	<i>Rural</i>	<i>Urban</i>
1	8.3	8.4
2	10.1	10.3
3	11.8	12.0
4	13.4	13.7
5	14.7	15.0

Here again the superiority of urban population is noticeable; the equality of weights at one year is also striking.

Comparing the weights with American figures, we find the following:

TABLE 4  
Comparative Weights of Indian & American Boys (Kg.)

<i>Age in years</i>	<i>50th percentile for Indian children</i>	<i>50th percentile for American children</i>
1	8.26	10.07
2	10.01	12.56
3	11.77	14.61
4	13.36	16.51
5	15.22	18.37

It is obvious that the deficit in weight is much more marked than the deficit in height. Growth in mass, therefore, seems to suffer more than linear growth.

If we reduce the figures to curves we see the following results:

From these curves we find that the growth spurt in weight occurs at the same age in both Indian and American children, though the curve is not so steep in Indian children. So far as height is concerned, the Indian curve definitely flattens out completely.

For the purpose of our growth studies, semi-urban communities were defined as small towns, with a population between 5,000 to 1,00,000. These semi-urban communities usually therefore reside in small towns which have hardly any advantages of a big town but most of its disadvantages. This is of great relevance today when we consider the rapid migration of village people to highly industrialised big centres—small satellite townships are usually formed on the periphery of such big industrial centres,

as a result of crystallization of this movement of urbanization. The result being that large number of semi-urban communities and disadvantaged slums are cropping up.

TABLE 5

**Comparative Heights of Rural, Semi-urban and Urban Boys of Maharashtra (Cms.)**

Age in years	Rural	Semi-urban	Urban
1	71.6	71.6	71.7
2	80.5	81.4	81.5
3	89.0	89.8	91.0
4	95.5	96.0	98.3
5	100.8	101.5	103.63

This table shows that the disadvantages of semi-urban children are also reflected in their growth.

**Factors affecting growth and development of children:**

Coming now to the important factors which affect the growth and development in relation to the subject of the seminar, I will only refer to a few important factors over which we can exercise some control. The most important of these factors are:

- (1) Socio-economic status
- (2) State of education of the parents
- (3) Nutrition
- (4) Sanitation and hygiene

It will be obvious to anyone that all these factors are closely interdependent and have a direct impact on each other; it is, therefore, not very correct to assess the effect of each of these factors on growth and development individually.

However, some comments are offered to bring these factors into sharp focus.

**Socio-economic status:** During the investigation on Growth by Indian Council of Medical Research, our child population was divided into six socio-economic groups. In order to show the relationship of socio-economic status to growth, the following table has been inserted.

TABLE 6

**Weight (Kg.) in relation to socio-economic status**

Age in years	Socio-economic status	
	Class VI	Class I
1	8.1	8.8
2	9.9	11.6
3	11.3	12.7
4	13.0	15.2
5	14.4	17.0

**Comment:** The unquestioned superiority of growth of the better socio-economic groups is well illustrated here; another point which is important is that the one year old children in all classes are about the same in weight, thus emphasizing the protective role played by breast feeding.

The table for heights shows identical results.

TABLE 7

**Height (Cms.) in relation to socio-economic status**

Age in years	Socio-economic status	
	Class VI	Class I
1	73.4	77.5
2	81.0	86.1
3	87.3	92.5
4	94.5	101.4
5	100.9	108.9

The effect of socio-economic status is probably mediated through a multiplicity of factors like cultural level which in turn affects food habits; the educational level also has a bearing on the nutrition selected for the child, quite apart from the major factor restrictions imposed by financial limitation.

**Education:** A factor which would be of far reaching importance as far as growth and development is concerned, is education of the parents. The state of education will be the most important determinant of the profession adopted by the father, the cultural environment in which the child will eventually grow, the state of sanitation and hygiene, the emotional environment which is so important to emotional growth and above all, the quality and quantity of nutrition offered.

**Nutrition:** Nutrition and nutriments are basic to physical growth and functional malnutrition. In a recent study conducted at our centre, among many others, a survey of growth and nutritional status of the pre-school children was carried out.

While in our growth norm studies we selected only completely healthy children, in the latter study we took all pre-school children as they came, without any selection. Since nutritional status of the pre-school child is being discussed in a separate paper, I will only refer very briefly to our findings and their impact on growth.

Among other things, we found that approximately 12% of the pre-school children examined had protein calorie malnutrition. About 16% had vitamin A deficiency and about 5% had evidence of rickets. If we consider malnutrition in general, we found that 40% - 50% of all the pre-school children examined had at least one manifestation of nutritional failure. When we compare the growth of these children to the average growth of the nutritionally normal rural pre-school child, we find that there is a distinct difference in the growth values.

TABLE 8

**Comparative weight (Kg.) of unselected and  
nutritionally normal pre-school children**

Age in years	Average Weight (Kg.) in unselected rural pre-school children	Average Weight (Kg.) in healthy rural pre-school children
1	7.6	8.3
2	9.2	10.1
3	11.0	11.8
4	12.4	13.4
5	13.5	14.7

Apart from this, in common with other centres working on this project, we also found that protein intake of rural child was fairly adequate but the calorie intake was considerably deficient, amounting to an average gap of about 300 calories per day.

**Sanitation and Hygiene:** One has always been struck by the large number of children in rural communities and urban slums suffering from chronic diarrhoea. It was our postulate that chronic diarrhoea leads to chronic malnutrition thereby widening considerably the gap between what the child actually eats and what he absorbs. A small random survey of stools examined in a slum area was very revealing and added strength to our thinking.

TABLE 9

**Results of 50 stool examinations**

<i>Out of 50 samples, 31 (62.7) had some parasitic infestation</i>		
Round worms	—	17 samples
Thread worms	—	5 samples
Giardia Lamblia	—	7 samples
Hook worms	—	2 samples
E. Hystolytica	—	3 samples

It was observed that the sanitation and hygiene in the area in which this investigation was done, was very primitive.

It will thus be seen that all these above mentioned factors are closely related to each other and all of them are to be tackled simultaneously if they are to be efficiently controlled.

**Present status of services:**

These will have to be discussed under two heads: Rural and Urban. In the rural sectors in Maharashtra while the whole state is divided under Primary Health Centres, in practice one finds that a Primary Health Centre has a direct impact on only about one-eighth of the population under its charge. A large number of Primary Health Centres are manned by personnel not suited to the job. Such little as is done at a Primary Health Centre consists in sporadic attempts at offering preventive immunizations. In short, in the rural sector there just are no services worth mentioning.

In urban areas, metropolitan cities like Poona and Bombay have highly developed preventive services, but even here these preventive services cannot keep pace with the slums and shanty towns growing up at an alarming rate.

So far as nutrition is concerned, the Poona Municipal Corporation supplies milk to its own school children and mid-day meals are served to a small number. But provision of supplemental feeds to all the needy pre-school children is clearly beyond the financial resources of the Municipal Corporation.

So far as education is concerned, there are no facilities to provide education to parents, for it is they who need the education more than children—at least health education if not formal education.

The voluntary agencies like Rotary Clubs, Lions Club, Women's Council, etc., do offer sporadic welfare services but these tend to be somewhat unpredictable in their scope, consistency and direction.

So far as smaller towns are concerned the situation is much worse, perhaps a little better than the rural area.

It will thus be seen that the gaps between the services offered and the services needed are staggering.

In the rural sector, the main gaps are in the fields of health education, provision of safe drinking water and sewage disposal, preventive immunization and supplementation of the daily diet.

In the urban areas, in addition to these, one has to give special attention to slum problem. There is a large pre-school and school age population which is non-school going. All these children who have nothing to do are a source of considerable menace not only to themselves but also to the community. The water supply and sanitation to these slums are bound to be most appalling, since there is a limit to which these services can be offered by the Municipal Authorities.

There are some limiting causes which help to produce the disparities between available services and the actual needs. As with every other service, paucity of funds is the all-pervading and most important limitation; but even within available resources something more could perhaps be achieved. It would seem to me that one of the most important limitation concerns health education. We need promotion of health education not only in the communities concerned but more so among the health workers themselves. The health workers have hardly any idea of the direction in which promotional health services should be sold to the public. They only carry out their restricted objective of immunizing so many children per day or visiting so many houses per day for a check on fever cases.

In fairness to the health workers I must say that the fault lies not so much with the workers themselves as with us—the teachers, the medical officers of health, etc., whose duty it is to train and guide these workers. I fear and I freely admit that we ourselves just do not have the health education bias. Given a well-directed health education campaign, the problems arising out of sanitation and hygiene will be minimized and with proper training, the personnel at Primary Health Centres as well as the Municipal clinic can exert a powerful influence on filling up the gaps discussed above.

#### **Suggestions for improving present conditions:**

Here I would restrict myself to something which can be undertaken immediately with a slight increase in training facilities, within the scope of the limited funds available but with a very considerable increase in our own initiative.

1. In the rural areas as well as in the urban areas, the most important stress I would lay on is Health Education. This should consist of getting together personnel from Primary Health Centres and Municipal Health Departments in urban areas in batches and putting

them through a carefully planned orientation course in health education. This course, I would emphasise, should be conducted entirely in the field and not in the class-room; thereby we ourselves will gradually learn by our own experience and find out the best method of propagation and putting across ideas on promotional health in any given community.

2. Provision of safe water supply and simple but efficient drainage system in the rural area. Here the Public Health Engineering Department must be roped in.

3. Provision of compulsory basic Preventive Immunization to all children.

4. Special attention to the question of offering some recreational and elementary educational facilities to disadvantaged children, particularly in slum areas. In this connection, the energies of social service organizations could be channelized by a central guiding agency into providing school equipment, voluntary teachers, etc.

5. Wherever finances permit extensive programmes to eradicate parasitic infestation among the pre-school children should be carried out.

6. Lastly, in the field of nutritional gap an attempt should be made to close the caloric gap first by provision of cheap calorie containing supplements. It is much easier and cheaper to close the caloric gap which, incidentally, by conserving protein, will help to close the protein gap also.

At present we are experimenting with locally available food recipes for infant weaning; the aim is to provide a cheap and most acceptable recipe which will give about 8-10 gms. of protein and 300 calories per day.

We find that with the rising costs, it is not possible to offer these recipes at a cost of anything lower than 16 paise per day.

If we, however, limit our ambition and decide to make up only the caloric deficit leaving the so-called protein gap alone, I am confident that we could make such a supplement available inside 8 to 9 paise.

This effort, combined with efforts to eliminate parasitic infestation, will go a long way in eliminating nutritional failure and thus ensure healthy development.

### **Optimal Growth:**

Lastly, a word about optimal growth will not be out of place. We have been talking of average growth and 50th percentile and mean values; surely these are not the figures we aim at! We should not be happy if a child conforms to average figures.

What then should we keep as the ideal figure for growth? This will vary with each race, geographic area, ethnic group, etc. What it is, has got to be found out.

We have, therefore, embarked upon a scheme for assessing the Optimal Growth of children in our own area.

The criteria for selection, among other things, are:

1. The child must be apparently healthy.
2. He must come from a family with per capita income of not less than Rs. 100 per month.
3. At least one of the parents must have had a formal education up to the school leaving examination standard.

The work is progressing, but, in order to give you some idea of their growth, two small tables are inserted.

TABLE 10

**'Optimal Weights' in comparison with weights of  
Indian and American Children**

<i>Age in years</i>	<i>50th Percentile (Indian) (wt. in Kg.)</i>	<i>Figures of Optimal Growth (wt. in Kg.)</i>	<i>50th Percentile (American) (wt. in Kg.)</i>
3	11.7	14.1	14.6
4	13.3	15.1	16.5

TABLE 11

**'Optimal Heights' in comparison with heights of  
Indian and American Children**

<i>Age in years</i>	<i>50th Percentile (Indian) (ht. in Cms.)</i>	<i>Figures of Optimal Growth (ht. in Cms.)</i>	<i>50th Percentile (American) (ht. in Cms.)</i>
3	88.5	96.2	96.2
4	95.9	100.9	103.4

From this it will be seen that while rural and genetic factors may play their own role in Growth and Development, it is obvious that environmental factors also play a major role and what is more, most of these factors are controllable. It is most gratifying to note that given a good home, reasonably educated parents and satisfactory sanitation, our

children are as good as their brothers and sisters from highly developed nations of the world.

In conclusion I would say that if the standard of growth and development in the pre-school child is to be improved, a piece-meal approach will invariably fail; the approach will have to be multi-pronged, based on improvement in parental education, promotion of preventive pediatric services, sanitation and hygiene, eradication of parasitic infestation and supplementation of nutritional deficits, viz. calories.

## **GROWTH AND DEVELOPMENT OF THE YOUNG CHILD FROM ONE TO SIX YEARS OF AGE**

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### **SUMMARY**

Early childhood is a period of very rapid transition between the infant's total dependance and the school child's relative independance. The child already capable to adjust to trying circumstances, is still vulnerable and greatly influuced by external factors. Improvement in general living conditions has, at that age, its most dramatic impact : in most privileged areas of the world, mortality for the age-group 1 to 4 years is 30 to 40 times lower than that of underprivileged areas.

Development (i. e. growth and maturation) can be considered normal if it falls within the limits of 95% of the standard population. It has to have also a normal velocity and to be harmonious.

From 1 to 6, *physical development*, though slower than during the first year of life, is still very quick, rapidly decelerating. This quick, velocity as well as the ongoing cell multiplication in bone, muscle and some viscera, together with numerous changes in cellular structures and functions explain the sensitivity of the small child to external factors.

*Nutritional needs* per kg. bodyweight are much greater than at any later age. Rapid metabolic turnover explains the risks inherent to dehydratation, starvation and malnutrition.

Actively exploring the world, the child meets a multiplicity of bacterial, viral or parasitic agents. It is an age of major *immunological change*.

*Central nervous system maturation* is related to biochemical structural changes and increasing complexity of cellular interconnections. All the motor skills characterizing manhood appear and get more and more refined, and among them walking, delicate manual prehension and, most important of all, speech.

*Emotional and social relationships* undergo tremendous change. If the child is brought up in an atmosphere of security and progressive stimulation, he will pass smoothly from the unique mother child association to

the multiple family and society interaction pattern. Play is one of his most important functions. Through play, through progressive task solving, through acquisition of behavior patterns, the child's maturation leads him to logical thinking and fitness for school.

*Environmental factors* interact with genetics and modify the inborn trend of growth and development. 50% of the adult variability are present at 4 years. A significant corelation between the present and the final height is not found before 3 - 4 years. It is still a period of plasticity in physical development.

Recently much work has been devoted to the study of the long-term effects of nutritional disturbances in early childhood. The most vulnerable period is certainly that of the first months of life, but mal-nutrition or various deficiencies occurring between 1 and 6 can have cumulative effects on final height, onset of puberty, and perhaps brain development and reproductive efficiency. Moreover, this is a very sensitive age for changes in attitudes towards nutrition. *This stresses the importance for nutritional programmes directed towards the small child.*

Early childhood is the period of maximal exposure to infections (and accidents), some of which such as leprosy or tuberculosis can have lasting effects.

The small child is a *virus reservoir* for various endemic and epidemic diseases (poliomyelitis, measles, schistosomiasis, ankylostomiasis). This stresses the importance of *environmental health and health supervision* which have a privileged effect on this age group.

Differences in physical development between children belonging to various social groups can be partly explained by the impact of housing, crowding, nutrition, sanitation on child health. But social structures, deficiencies in care, lack of early stimulation of motor and intellectual skills can have final, irreversible effects on personality and intelligence.

This stresses the need of a *favorable educational and social environment* for the small child.

Under privileged circumstances the family can provide it, though after 4 years the child needs extra-familial contacts and education. But in most cases, family care has to be supplemental by a collective set-up providing adapted education, protection, correct nutrition and health supervision.

old to see at you, meeting no resistance, voices like a final sentence said  
that there was no way out, only death could save him from  
the torment, which he himself believed to be his own creation. He  
died not until his guiltless soul got a ride along

## MORBIDITY AND MORTALITY IN PRE-SCHOOL CHILDREN

Dr. V. BALAGOPAL RAJU

Dr. (Mrs.) R. NARMADA

Dr. (Miss) JAYAM SUBRAMANIAM

Mr. A. PETER

Care of children, as a separate subject, was dealt with for the first time, in recorded history by Indian physicians in the book "Kesyapa Tantra" written years before the birth of Christ, in a chapter on "Kaumara Britya" (service to children). Susruta wrote a chapter on "Kaumara Britya" in second century A D., about the same time as Suraneous in Greece wrote treatise on children.

Similarly, in ancient Roman civilization children received reasonable care and attention. In 318 A.D. the Emperor Constantine made infanticide a capital offence. Then followed the dark ages, a period of chaos through which mankind groped its way with heavy toll in child life. In 1662 Captain John Graunt in his "Bills of Mortality" stated that 36% of all babies born die before the age of 6 years and half the population was dead by 12 years.

The 18th century in Europe and England saw the first organised attempts in child care by establishment of foundling hospitals in England for unwanted infants who were often thrown away on rubbish heaps to die of exposure. During the next 2 to 3 decades, great interest was shown on the welfare of children and many treatises were published on child care.

The 19th century has with reason been termed "the century of the child". Before this period, children had scarcely any legal significance. The first hospital exclusively for children was established in 1802 in Paris. The incredible fact was emerging in Europe and England that children were human beings! France, which was the first nation to establish a children's hospital, also took the lead in other spheres of child health, being the first to adopt school medical inspection in 1842 and to establish the first creche in 1844. This wave of enthusiasm on care of children spread to America and later to England, where institutions sprung up for infant health services. In 1905 Mcleary established the first baby clinic in England 65 years ago.

In India modern paediatrics started in 1920's on the lines of British Paediatrics as it was in vogue then, i.e., Child Welfare Centres on one side and a few of the physicians taking up Paediatrics as a speciality. It has been said that the only value in looking backwards, in studying history is to enable one to see more clearly ahead. From the historical review it is apparent that the lot of the children in most parts of the world till the present century had been appalling.

However, during the past 3 — 4 decades in all of the industrialised countries in Asia, Europe and America, the preventable mortality and morbidity in children have been brought down almost to the minimum. This had been possible mainly by industrialisation, protected water supply, better environmental hygiene and education in child nutrition, nurture and immunization programmes.

In the world, today there are about one billion children below the age of 14. Out of this number over 600 million do not reach adult life. There are about 450 million children in the world between 2 and 6 years of age. Half of all deaths in the developing countries today occur among children under six, (Jeff Stansbury, Managing Editor of Population Reference Bureau in Washington, D. C.).

In India, the total population is at present about 520 million of which 220 million (40%) are children below 14 years (whereas only about 20% of children in Western countries come under childhood age-group). Half of this, i.e. 110 million, are children in pre-school age between 2 — 6 years. During 1966 in Madras city alone there were 13,647 deaths (Madras Corporation figures) among children under 6 years, out of a total 30,936 deaths i.e., 44% of all deaths occurring in Madras city are in children below 6 years.

The published mortality among pre-school children in India is more than thirty times that of the technologically developed countries.

#### **Death rate among pre-school age children (per-thousand)**

U. S. A.	1 — 5
U. K.	1 — 5
Japan	1 — 5
Ceylon	5 — 30
India	21 — 35

Nearly half of the children die in India before they reach adulthood. In 1662 in Europe 36% of all the babies died before the age of 6 years and half of the population by the age of 12 years. More or less the same situation which existed in Europe 3 centuries ago exists in India today !

An argument, however brutal, may be advanced that this enormous mortality is necessary to bring down our population which is exploding. But then the conditions and environment which produce one

mortality have also produced dozens of morbidity among children; who are a tremendous drain on the resources of society. So this is not an alternative to Family Planning.

There is no reliable data on the exact extent of morbidity among our children, especially pre-school children in our community. But we have enormous indirect evidence of the extent of morbidity by the observations of Pediatricians, general physicians, research workers, etc. A few examples will be quoted. In 1951 when a survey was conducted by the first author in 9 villages, it was found that 74% of the children were not healthy. Dr. Gopalan and others in their survey had come to the conclusion that over two third of children in India are nutritionally dwarfed. In most of the pediatric hospitals especially in South India, over 90% of children attending are clinically malnourished and ill even though most of them come to the hospital for some trivial / acute illness. In Madras city, there are over fifty child welfare centres and in every centre over two hundred children attend for some illness or other. This is in addition to hundreds of children attending five major city hospitals. On going round the city, one gets the distinct impression that even if a children's dispensary is built at every street corner, yet these will be overcrowded. In other words, building hospitals and dispensaries for children is not the complete answer for better care of children, especially pre-school children.

In the Peripheral Pediatric Clinics of the Institute of Child Health and Hospital for Children, Madras, we have been following over 20,000 families of low income group for the past twelve years with proper case records for the whole family and listing up various illnesses and nutritional deficiencies the children of these families have undergone. Thousand such families who have been continuously followed up have been analysed and the data given with regard to mortality and morbidity of pre-school children.

#### **Morbidity Incidence and Pattern among Pre-School Children in an Urban Lower Economic Environment**

Diseases	Total Incidence (1 to 10 years)	Total Incidence in 1 - 6 years age-group	Percentage in Pre-school children
1	2	3	4
<b>1. (a) Acute Respiratory Infection</b>			
(i) Mild	19,122	10,972	57.3%
(ii) Moderate	3,982	2,440	61.3%
(iii) Severe	350	316	64.9%
(b) Ear Infections	1,162	641	59.5%

1	2	3	4
<b>2. Gastro-Intestinal Disorders</b>			
(i) Acute Diarrhoea	4,177	2,561	61.3%
(ii) Chronic Diarrhoea	2,434	1,623	66.7%
(iii) Worm Infections			
(a) Ascariasis	2,959	1,846	62.4%
(b) Thread Worm Infection	332	176	53%
(iv) Infective Hepatitis	120	78	65%
(v) Amoebiasis	120	80	66.7%
(vi) Bacillary Dysentery	2,770	1,928	69.6%
(vii) Cirrhois	18	15	83.3%
<b>3. Types of Mal-nutrition</b>			
(a) Marasmus	175	128	73.1%
(b) Kwashiorkor	132	108	81.1%
(c) Under Nutrition (Mild and Moderate)	875	529	60.5%
<b>4. (i) Vitamin A. Deficiencies</b>			
(a) Xerosis	338	217	61.2%
(b) Keratomalacia	46	31	67.4%
(c) Night blindness	138	121	84%
<b>(ii) Vitamin B. Deficiencies</b>			
Angular Stomatitis	1,831	1,147	62.6%
<b>(iii) Vitamin D. Deficiencies</b>			
Rickets	64	58	90.1%
<b>5. Anaemia</b>	774	539	69.6%
<b>6. Phenoderma</b>	255	98	38.4%
<b>7. Infectious Diseases</b>			
(i) Tuberculosis (all types)	851	594	69.8%
(ii) Whooping Cough	290	179	61.7%
(iii) Measles	551	330	59.9%
(iv) Chicken Pox	23	9	39.4%
(v) Poliomyelitis	19	14	93.7%

1	2	3	4
<b>8. Skin Infections</b>			
(i) Scabies	2,600	1,486	57.1%
(ii) Impetigo	4,737	3,742	66.3%
(iii) Pyoderma	1,203	755	62.7%
<b>9. Miscellaneous</b>			
(i) P.U.O.	2,120	1,347	63.5%
(ii) Acute Conjunctivitis	653	344	52.7%
(iii) Febrile Fits	73	58	79.5%

### **Mortality Pattern in an Urban lower Economic Environment**

1. Gastro-Intestinal (Diarrhoea, Dysentery and Cholera)	40.8%
2. Respiratory Infection	16.4%
3. Tuberculosis	5.7%
4. Malnutrition (as primary cause)	5.74%
5. Infectious diseases	7.7%
6. Pyrexia of unknown origin (PUO)	13.3%
7. Miscellaneous	10.36%

It could be seen from above that vast majority of common diseases seen in childhood occur in the pre-school age group. All types of malnutrition like Marasmus, Kwashiorkor and under-nutrition also predominantly occur in pre-school children.

In order to understand the full extent of the morbidity, one should also look at the hospital statistics. In spite of these peripheral pediatric clinics, the crowd in the children's out-patients department previously in Government General Hospital and now in the Institute of Child Health and Hospital for Children, Egmore, Madras, is enormous. In the beginning when the new hospital for children started functioning, the out-patient department had an attendance of about 800 which rapidly increased to 1500 which was unmanageable and so a twelve-hour out-patient service (7 a.m to 7 p.m) started functioning from September 1970. But this has still further increased the number of sick children and the out-patient department's average attendance now is over 2100 per day.

### Hospital Statistics

**No. of out-patients treated during 1970 in  
the Institute of Child Health and Hospital  
for Children, Egmore**

<i>Month</i>	<i>Total Treated</i>	<i>Average per day</i>
January	37,440	1,445
February	38,075	1,603
March	39,336	1,545
April	39,331	1,567
May	40,977	1,600
June	43,285	1,703
July	47,127	1,804
August	50,861	1,961
September	54,530	2,119

(7 a.m. to 7 p.m. started functioning from September 1970)

**Number of in-patients treated during 1968, 1969 and 1970**

<i>Period</i>	<i>No. of patients treated</i>	<i>No. of Deaths</i>	<i>Percentage of Deaths</i>
November & December 1968	2,308	213	10%
1969	18,116	2,599	14.3%
1970 (up to September)	14,725	1,900	13%
Died within 24 hours of admission—49%			
Died within 48 hours of admission—63%			

The average number of in-patient admissions in the Institute of Child Health and Hospital for Children, Egmore, is over 20,000 a year. Out of this about 45% of admissions is among children belonging to pre-school age groups.

**Mortality pattern of the in-patients of  
this Hospital**

Total cases treated (0-12 years)	14,725
1st January to 30th September 1970	
Deaths in pre-school age group	664 (1/3rd of total death)

**Main cause of mortality in pre-school  
age-group**

<i>Diseases</i>	<i>Incidence of Mortality</i>		
	<i>All age groups</i>	<i>Pre-School Age groups</i>	<i>Percentage</i>
1. Gastroenteritis	639	228	35.6
2. Respiratory Infection	496	110	22
3. Marasmus	251	97	38.6
4. Kwashiorkor <sup>1</sup>	122	112	92
5. Nutritional Disorders	129	55	42.6
6. Tuberculosis	114	58	51
7. Typhoid, diphtheria & Polio	44	31	70.5
8. Convulsive disorders	50	25	50
9. Meningitis and Encephalitis	95	29	30.5
10. Encephalopathy	121	83	68.6
Total	2061	828	40

**Main causes of Morbidity in pre-school  
age group**

<i>Diseases</i>	<i>Incidence of Morbidity</i>		
	<i>Total incidence in all age groups</i>	<i>Incidnece in pre-school group</i>	<i>Percentage in pre-school age group to total incidence</i>
1. Gastroenteritis	4047	1155	28.5
2. Respiratory Infection	3808	1150	30.2
3. Marasmus	722	272	37.6
4. Kwashiorkor	404	382	94.5
5. Nutritional Disorders	490	269	55
6. Tuberculosis	975	405	41.5
7. Typhoid, Diphtheria, Polio	952	515	54
8. Convulsive disorders	696	434	62.3
9. Meningitis & Encephalitis	197	59	30
10. Encephalopathy	159	109	69
Total	12450	4753	38

1. Kwashiorkor cases are generally treated as out-patient in Nutrition clinic. However, when there is some complication like diarrhoeal dehydration, severe infection, they are admitted for emergency treatment.

On a perusal of hospital deaths, it is seen that cases come to or referred to the hospital for admission are at late and advanced stage of the disease. This is evidenced by majority of the deaths occurring within 24 hours (49% in 24 hours and 63% within 48 hours). This is the situation, in almost all the developing countries. This is partly due to the ignorance of the general medical practitioners and the parents who are not generally accused for not bringing them in time to the hospital. However, in most of the institutions even if they attend the hospital early there may not be enough beds available for admission, except when the general condition becomes very acute. This is reflected by the fact that majority of admissions to the Institution are of an emergency nature. Secondly, in majority of institutions, there are not enough facilities for intensive care units which need tremendous boosting up of medical and para-medical staff, ward space and equipments for which finances are simply not available at present.

Hospital admissions give an indication for incidence and nature of severe illnesses occurring in children. As could be seen, 45% of admissions in our hospital are from among pre-school children. Mortality in the pre-school age group is 1/3rd of total deaths. On a perusal of main causes of mortality, it is found that 50% of the deaths due to severe nutritional disorders is among the pre-school children. Similarly, 50% of the severe morbidity due to nutritional disorders is among the pre-school age group.

As seen from above, the main causes for this colossal morbidity and mortality are (1) malnutrition, as a primary or secondary cause to some illness or other, (2) acute and chronic infections many of them due to lowered resistance as a result of malnutrition and poor environmental hygiene.

It is customary to blame economic factors and evercrowding for this malnutrition. Even though they play a considerable part directly, the ignorance of simple rules of hygiene, child care and nutrition are equally responsible. Our Government is trying hard to improve the economic condition of the masses, with series of Five Year Plans and we see now that the earning power of the common man has increased during the last 10 years. Now is the time to have an all out drive to dispel the ignorance and certain superstitious habits and traditions in feeding and nurture of children which are very important factors for our childhood mortality and morbidity. Many of the mothers with malnourished children simply do not know what is the right food to give, which is well within their financial resources. Mothers often ask many doubts regarding feeding. The medical and para-medical personnel, voluntary social workers, etc., should bear more direct responsibility along with public health and education departments for a co-ordinated and successful attack on the enormous problem of ignorance of masses.

**Statistics for Child Guidance Clinic of Out-Patient Department  
of the Hospital for Children, Egmore, Madras.**

Total number of children treated from January to September, 1970 (9 months)	3792
Average per month	421

(This special clinic functions twice a week).

The types of cases attending this Child Guidance Clinic, every month are: (1) Personality disorders 1%; (2) Behaviour Disorders 10%; (3) Habit disorders 1%; (4) Speech defect 12%; (5) Mental deficiency 50% (6) Psychoneurosis 15%; (7) Neurosis 5%; (8) Metabolic 3%; (9) Others 3%.

Therefore, it is time that we should also devote some of our attention to mental health problems affecting the children. We are now at the same revolutionary stage, which most of the now technologically advanced countries, found themselves at the turn of the present century. They also had at that time mental health problems as we have now, masked by widespread physical illnesses due to malnutrition and infection. We have to gain from the experiences of these countries who are now saddled with the heavy load of mental health problems, after conquering most of the physical health problems. Hence, proper emphasis should be given on mental health requirements also and steps should be taken simultaneously to detect early abnormal psychological traits in pre-school children, which will prevent the increasing incidence of juvenile delinquencies and other mental illnesses, much of which are results of unsatisfactory social and family environment during early childhood.

#### **Steps to Solve the Problem**

The variety and enormity of the morbidity and mortality problems are apparently perplexing. But with proper perspective we can see that very great proportion of these problems can be and should be tackled even now with present resources and personnel.

#### **Long Term Plans**

This may be achieved as already stated, by working out a cohesive health education plan, for all classes of people with the co-operation and co-ordination of health, medical and educational departments, social welfare departments and voluntary agencies.

As said before, better environmental hygiene and protected water supply and health education along with the improvement of the economic factors are essential. This makes it possible for adequate nutrition, immunization against preventable diseases, education in the avoidance of the non-preventable ones, in the prevention of accidents, screening for hearing

and visual defects with correction when indicated, early and adequate care for diseases and last but not least adoption of family planning counselling. The goal for the care of the pre-school children is to make the child physically sound, mentally alert and socially well adjusted candidate for entrance to school.

### **Short Term Plans**

Even though a sizable proportion of malnutrition and illnesses in the pre-school age period is due to economic and environmental factors, good percentage of this morbidity and mortality can be prevented, if the knowledge on child nutrition from locally available nutritive food stuffs especially vegetable proteins, are known to the common man along with knowledge on nurture. By tradition, the most neglected part in one's life is the pre-school age period. Parents simply do not know that special attention should be given to the diet of a child after breast feeding has been stopped. It should be within the means of large proportion of lower economic strata especially working class people, to give the children of this vulnerable age group, some extra vegetable proteins and cereals. At present the researches on nutrition conducted by several centres and hospitals have given comprehensive data on cheaper substitutes for milk. This information unfortunately is yet to reach large sections of our population. Every available mass media should be utilized to fill this communication gap. In this, para-medical personnel and child welfare workers have a large responsibility. In recent times we have the example of Western Australia which had two decades ago practically the same situation as we have now in developing countries. Western Australia had a large number of aborigines and South European Immigrants whose knowledge is child care and nurture was similar to that of people in developing countries. However, with a co-ordinated drive mounted by education, Public Health and Medical Departments of the State with short term and long term plans on Health Education within a matter of few years, the standard of health of children of this vulnerable group has come up remarkably. Even though the population problems are more acute in developing countries, much can be achieved by spreading knowledge on nutrition and nurture of children especially by the personnel mentioned above and by the army of family planning workers:

Finally, it is essential to set up a well planned and staffed Mother Craft Centre in each State, to co-ordinate all child welfare activities and for training of medical, para-medical and auxilliary and other personnel interested in children.

## **HEALTH CARE—PROMOTIVE AND PREVENTIVE SERVICES FOR THE PRE-SCHOOL CHILD (1—6 YEARS)**

Dr. (Mrs.) RANEE CHRISTOPHER

The needs of the pre-school child in under-developed countries, mostly India, are drawn from the research findings of six international agencies in this field, as elucidated by George Sicault in "Needs of Children."<sup>1</sup> The present status of services would mostly refer to Mysore State. Other references are cited as and when they occur.

Considering the pre-school child in India, one is confronted with many facts. Any problem becomes more difficult to tackle in a land such as ours, where great extremes are the rule; namely the huge gaps between the rich and the poor, the learned and the illiterate, town-folk and village-folk, caste and caste, language and language, etc. As in other parts of the world, we have rapidly changing society not to mention our peculiar type of politics. So far, the problems of the pre-school child have just been wafted hither and yon. We face a generalised; almost universal depression in morale, and a phenomenal increase in laziness in all disciplines. The present generation has not done much towards progress in any field, the youth of the nation are running amok. We have no alternative, but to pin our hopes on the pre-school child, to endeavour to develop in him a healthy mind in a healthy body, so that he can develop leadership qualities and guide this land towards the light.

An apt description of the fulfilled needs of the child reads<sup>2</sup>, "The child is born in hospital, safeguarded by medical supervision prior to birth, fed, weighed, bathed, sunned, aired, inoculated, examined, re-examined at periodic intervals. At two, he goes by automobile to a nursery school; at five, he graduates to a progressive Kindergarten. His mother has been trained to pay attention to his psychological as well as his physical welfare". The other extreme that we have at present reads, "Many children are ushered into the world without the protection of medical service; many grow up without medical supervision, reared by parents who have received no guidance from the community in the most

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1. Needs of Children by George Sicault.

2. A Guide to the study of the pre-school children by "The Yale Clinic of Child Development".

elementary principles of child-care". Most of us, also have to contend with poverty, hunger, ignorance and disease.

Let us consider the declaration of the rights of the child accepted by the general assembly of the United Nations in November 1959, taking only those points that apply to this age group :

1. The child needs a mother's love and understanding, or that of a mother substitute.
2. The child's special health needs indicate protection of the prenatal mother and the child from disease, treatment when ill.
3. Food and shelter are basic needs.
4. Adequate education.
5. Play and recreation.
6. Social protection without discrimination.
7. Meeting the special needs of physically, mentally and socially handicapped children.

The other two rules do not apply to the pre-school child.

Taking the first one here, the first foundation in fostering an ideal "sense of security" is breast-feeding. This was not a lack formerly, but now village mothers are copying their town sisters more and more. Breast-feeding of the infant is the most simple and natural way of establishing a healthy mother-child relationship psychologically. The first foundations of character development are laid in the early years. Indeed, it is believed that there cannot be any great alterations in character development after the age of five. The fundamentals of behaviour, feelings of right and wrong cannot be altered noticeably later. So, parents have to be very careful in what they say and how they behave in the child's presence. So, unless the parents, specially the mother and also the father, grandmother and others, are educated, they tend to be old-fashioned, irrational, unbalanced, over-strict or over indulgent. Let us say that the MCH worker has managed to convince the mother to breast-feed her infant, and later the mother or mother substitute is well educated and balanced, the mind and character development of the child will be maximal. Who knows, he may grow-up to be a leader. The acme of culture is gentleness, the ability (as much as possible) to look upon one's neighbour as oneself. So,<sup>3</sup> "It takes prayer, study and constant vigilance to make kind, patient men and women out of children." Parents and teachers would do well to read the book reference,<sup>3</sup> to know how to inculcate or tackle obedience, falsehood, temper, unselfishness, good-manners, fears, kindness and purity. In this hippy-age, one is greatly concerned as to the prevention of feelings of frustration and insecurity, and developing healthy balanced minds in our pre-school children. A good guide to the enlightened parent for day to day reference is

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3. "Our Children" by Flora H. Williams.

"Your guide to health."<sup>4</sup> When parents are below par, nursery schools and day-care centres with trained personnel can help a good deal, specially when the children have working mothers.

Coming to the child's special health needs, adequate ante-natal, natal and infant care get the child off to a good start. Those immunisations not covered during infancy have to be taken up now, like vaccinations and inoculations against small-pox, diphtheria, tetanus, whooping cough, T.B. and infantile paralysis. Other immunisations would be according to prevalent diseases and out-breaks in the area.

Johannes Ipsen,<sup>5</sup> on the development of Immunity, says that the ideal way to prevent a serious infectious disease is to eradicate the specific organism from areas inhabited by man, set up procedures to prevent their return and exercise constant vigilance to prevent recurrence (malaria, typhoid etc.).

The immunity gained by the foetus via the placenta and the infant via the breast milk is gradually lost, (measles, mumps, diphtheria, tetanus, small-pox and polio). Vaccinations and inoculations stimulate production in the child of substances produced by their own immune mechanisms. This type of passive protection may be lost after 6 months, 2½ years in the case of tripleantigen. When infected the child develops active immunity. The child can also develop immunity without disease when infected in a passive protected period.

Regular visits to the doctor, once every 3 months in the second year and less frequent later on are necessary. Those who cannot afford a family doctor should attend a Well-baby Clinic or Child Health Centre. The visiting public health nurse can help with domiciliary visits. The idea is to detect illness or defects early and correct, and also assess the child's growth and development. The longitudinal study in 1956 Harvard<sup>5</sup> states "The care of children will be effective and appropriate only to the extent of the understanding and interest of those concerned". So the doctor concerned has to be a good and dedicated paediatrician as well. The limits of normality vary. "Each child grows and develops within the human pattern"<sup>5</sup> with variations due to race, familial background of inheritance, the climate, seasons and the environment. We have to alter the last factor to suit, which will be taken up later. Other influences on growth and development would be inadequacy of food qualitatively and quantitatively, physical activity, lack of sleep, rest, exercises, diseases, injuries and accidents; we should remember that emotional upsets also retard. We are guided by average weight and height curves, but each child is a rule unto itself; there is a good deal of variation within physiological limits: a delicate appearance may disguise

4. "Your Guide to Health" by Clifford R. Anderson.

5. "The Healthy Child" by Stuart Prugh.

a tough customer. Some children are laid out by a small infection, while others come bouncing back after a series of infections. Some will not eat properly, while ill, while others have a voracious appetite. We have to assess a consistency in progress with relation to over-all developmental age.

### **Physical growth and development<sup>5</sup>**

In the second year the rate of increase in height is halved. The weight which at 1 year showed a trebling of the birth weight, has also slowed down, about 4 - 5 lbs. a year. The height is 30 inches at the end of the first year, 35 inches at the second year and 37½ inches at the end of the third year. Both height and weight are 40 (inches and pound) when the child is 4 years old.<sup>6</sup>

### **Bladder control<sup>7</sup>**

Urinates every 2 hours when one year old. 18 months — seldom wets himself if taken out to toilet often enough.

2 years—Asks to be taken.

3 years—Clothes and bed are dry.

### **Bowels**

Usually movement occurs at the same time every day, so can easily be trained to use a potty or equivalent.

In the second year much increase of voluntary motor activity is seen ,fitting things together and skilful use of the body.

15 months—Improves steadily in co-ordination, most of the walking time is spent in movement. Is much less skilful with the legs and feet than with the arms and hands. Jargon is slowly becoming speech.

18 month—the face does not look like a baby anymore.

2-6 years — Developing controls, co-ordination, motor skills. There is retardation when ill, diurnal variation when tired. Intermittence is to be expected ; the child is inquisitive and accident prone. When acquiring one particular skill, another may be temporarily delayed e.g. may cease talking while mastering the complexities of walking. This is a period of learning, adjustment and great physical activity, which should be balanced by adequate food and rest and a substantial form of closely sustained child health supervision. In appraising the child's total health, we evaluate the susceptibility to illnesses, the readiness in recovery and the capacity to keep growing and developing inspite of them. Some problems develop insidiously. TB tends to be more generalised the

6. A hand book of Pediatrics by Unichem.

7. Up the years, from one to six by Department of Health, Canada.

younger the child. Also in any illness the physical findings are vague and difficult to relate to the cause. As the child grows older, clinical entities are more clearly defined. While the doctor gives the health care, public health workers gives the guidance and health education relevant.

Specific needs with respect to health are, communicable disease control, providing environmental sanitation and combating mal and under nutrition which lead to lowered resistance. The extent to which these needs are met can be gauged by the life expectation at different ages and the infant mortality rate. The child-mortality rate (1-5 years) is a good indicator of health conditions. Other indicies are the number of physicians, hospital beds and dispensaries per 100,000 population. In advanced countries the death rate in pre-school children has gone down dramatically in the last 50 years. Here, while the infant mortality rate has shown some decrease, the deaths among pre-school children is still high. Medical and social welfare schemes have to be designed to give adequate ante-natal care, delivery service and medical protection during infancy and childhood.

The causes of death are :

(i) World-wide incidence :—

Tuberculosis, respiratory diseases.

Contageous diseases—mumps, measles, chicken-pox, whooping-cough, and scarlet fever (not in India)

Meningitis

Poliomyelitis

Dental disease

Accidents

Prematures

Physically and mentally handicapped.

(ii) In the tropics and sub-tropics :—

Tetanus neonatorum (Perinatal)

Diarrhoea

Malaria

Small-pox

Yaws (other than India)

Leprosy

Trachoma and related eye-infections

Typhoid and Para-typhoid

Parasitic diseases—Intestinal (Round worm, hook-worms, etc.

Kala-azar and Leishmania (both not in Mysore state)

Filaria, Trypanosoma (Africa) and Schistosoma

Skin diseases

Nutritional diseases

When we speak of food and shelter, we realise that it is difficult to improve these and the closely associated environmental sanitation without raising the living standards of the population as a whole, a task beset by social, economic and cultural difficulties of all descriptions. There is no comparison between problems in developed and under developed countries in the world in scope and magnitude.<sup>1</sup> The alienation of the youth seems to be an evil which is spreading in both types of countries. This makes it doubly sure that we have to take all precautions to prevent our pre-schools from growing up in a like-manner. Poverty can be cured only by general economic advancement : co-ordinated social measures, such as people banding together to construct their own housing with Government assistance or help from other sources. International agencies<sup>1</sup> assist Governments to carry out programmes to improve the environmental sanitation with special emphasis on drinking water. Providing play-grounds, daycare centres, broader housing programmes, while they do not lead to spectacular amelioration of family poverty, certainly help in fulfilling many needs of the child.

So we come to the vast ocean of "Nutrition". It would be cheaper to educate all mothers in child-nutrition rather than supply the food required, was the opinion expressed by one FAO expert. One would subscribe to this because hitherto it has very often been noticed that when food is provided for a particular age-group or purpose, it might actually feed the whole family, or worse still, may be sold at a very nominal rate in order to fulfill a felt need which most often would not be rational or sensible. Pilfering at all levels was also noticed.

What does the Pre-school child need by way of food ? The following is just a guide which may be altered to suit different ethnic groups. Nutrition by Bertha S. Burke :

Protein 12 - 15% of the calorie requirement.

Calcium 1 gram daily.

Iron 7 - 8 miligrams daily.

Menus and charts are available by numerous workers. However, this one is selected because of its brevity.

24 ozs — milk

1 egg

1 - 2 ozs — meat, liver, fowl or fish

$\frac{1}{2}$  - 1 cup — fruit

1 potato (small to medium)

$\frac{1}{2}$  -  $\frac{1}{2}$  cup — dark yellow or green leafy vegetable

1 slice of whole wheat bread

$1\frac{1}{2}$  cups of rice or other cereal preparation

Naturally each of the items is not given at one sitting, but divided over the day in suitable small meals. At this age, the appetite is small, so ingenuity in producing small attractive meals with all the above

requisites depends on the skill and love of the mother. Biscuits, cakes, sweets, chocolates, toffees, etc., are just calorific and will definitely replace to determent the required body builders, quite apart from being ruinous on the teeth.

Long range programmes on a nation-wide basis must be a part of a larger programme designed to improve the production distribution and consumption of an adequate variety of foods in adequate amounts.

After weaning, safe milk in sufficient quantities of low enough price, should be made available, so that the poorest children can receive an adequate ration.

Other high protein weaning foods are : Meat, fish, eggs and garden legumes.

There are inexpensive by-products of vegetable oil extraction like the pea-nut, cotton-seed, sun-flower and soya-press-cakes. When economics does not permit using first class-proteins, it is found that a variety of second class proteins may also give rise to most of the essential amino acids. So the production of high protein, vitamin rich foods at the village level has to be encouraged.

The Maternal and Child Health networks have to be strengthened with more workers, under better guidance and supervision, so that they see that adequate diets are taken by pregnant women, lactating mothers and children. In some places the pre-school siblings are also fed through the mid-day school feeding scheme. There has to be "complete communication" in the fundamentals of nutrition from the workers to parents, specially mothers. Allied subjects such as community development, agricultural development and other programmes promoting increased food production, increased consumption, increased spread of information—have all to pull together in co-operation and co-ordination from the highest levels downwards.

In the vulnerable groups, the child suffers most in areas where the nutrition is poor. Millions of children in under-developed countries suffer from mal and under nutrition due to poverty, lack of suitable food, ignorance and superstition. When so deprived during the growing period, permanent physical and psychological scars result. The most common forms of nutritional deficiency seen are : Under-weight, retarded growth, kwashiorkor, marasmus and cachexia, anaemia, vitamin A deficiency, rickets and intestinal parasites (careless unhygienic food-habits). The MCH worker must try to combat—traditional food habits, pseudo-nutritional beliefs, superstitions, food fads and taboos. Usually habits and practices of food or otherwise, have to be evaluated as good, bad or indifferent and planned tactful action has to be taken accordingly, trying to encourage good habits, rub-out bad ones and leave the others.

In the field of education, we have hitherto considered nursery

schools and kindergartens as luxuries. When manned by trained personnel, their value is very great as deficiencies in the home can be made good. Working mothers are greatly benefitted, at least day care centres or creches run scientifically must be provided. At this age, children ask numerous questions, try to copy and imitate, are very sensitive to the physical and emotional environment and are trying to lay the foundations to good behaviour and character development. Intelligent guidance will go a long way, when not available, behaviour problems, dullness and apathy, inferiority complex, etc., are likely. Spoiling though bad, is not so dangerous as neglect of various degrees seen everywhere.

### **Play and Recreation**

We do not expect any formal study from the child at this stage. The early morning and evening sunlight, fresh-air, water-play, sand-play, building blocks, educational toys, where they learn to fit bits and pieces together, modelling clay, picture books, etc. There are numerous inexpensive aids with which to hold the little ones interest, give practice to the hands, feet, body and mind. I once kept a nephew amused with a piece of string thread through 4 pieces of paper for 2 hours, another time six stones and a handkerchief did as well. In short 10 - 20 young ones can be guided by one worker to have a joyous constructive time without tussles or tears. Action Songs and recitations, drawing, colouring, painting, simple organised games with balls, etc., help children to learn and enjoy themselves at the same time. Gradually sharing, co-operating, being friendly and unselfish, in short the arts of being happy and social are painlessly added on. In nursery schools, they learn how to use the toilet properly, how to wash hands, wipe noses and a hundred little things, that in this context become a glorious game and not a hardship. Indeed a nursery school gives the mother time to catch up on her chores. When she is illiterate or disinterested all the mother's deficiencies are ably covered-up by trained personnel. When we watch a bunch of children on a Jungle-Gym, we realise how quickly the child learns to use his limbs and body purposively. Swings, see-saws, small cars, bikes and rocking horses all have their place. In western countries they also learn to swim at a very tender age. In some schools ponies and little carts are also provided. If we gave our time and ingenuity to this aspect, even with a tight budget, ways and means of engaging young children pleasantly and constructively can be devised.

### **Handicapped children**

Listing the handicaps<sup>2</sup>: (i) Visual defect, (ii) Motor disability, (iii) Epilepsy, (iv) Cardiac defect, (v) Tuberculosis and Pre-Tuberculosis, (vi) Speech defect, (vii) Deafness and impaired hearing, (viii) Nervous

behaviour disorders, (ix) Mental and subnormal,<sup>8</sup> and (x) Malnutrition.

We find that affluent countries, having solved or having dealt with adequately with their basic health problems, take-up other problems that involve similar groups or are more specific. There are problems that arise out of higher standards of living, e.g. gas pollution, heart disease. There are others that arise out of success in health work, e.g. Population Explosion. In short, there is no end in Public Health Work, only taking on new aspects and wider fields, constantly changing gears to meet fresh obstacles that arise out of older ones. So in our country, dealing with handicaps is only a step towards greater and greater specialisation.

There are some charitable organisations and voluntary associations that are working in some of the areas, but they touch only the fringes of the problem, and are not showing much expertise. In Western countries especially U.S.A. the multiplicity of voluntary organisations is amazing, they attempt to tap all scientific material and personnel resources and do a pretty good job. Once a problem is brought under control, they are ready to jump up and tackle a new one. Since developed countries have already done the spade work, it should be easier for us to imitate and of course adapt to our situation, as and when resources come to hand. Of course it is difficult to skip over to specialised needs before covering the fundamental basic ones. At present, these services are only for the rich or the easily accessible. Handicapped children in far flung villages are fed and looked after in a fatalistic manner, without any attempts at rehabilitation as parents are not aware of the possibilities, and even if they were made aware, the help is often out of reach.

The present status of services leaves a lot to be desired, especially in rural areas. In the bigger cities, the child health councils<sup>9</sup> provide many aids to under-privileged children. There are MCH centres sponsored by Government and local bodies, there are also private doctors, family doctors and quite a few pediatricians. Day-care centres and creches are available, also there are quite a few play-grounds. Some centres have immunisation programmes, milk distribution, routine check-ups and domiciliary services. Dental health, child guidance and other specialties are available on fixed days in a few centres. The coverage is limited.

At the periphery (Mysore State) MCH services are rendered by mid-wives or auxilliary nurse mid-wives, one per 10,000 population (they actually cover about 5,000 so that half come under "non-midwife areas"). While mid-wives are responsible only for infant care, the pre-school child comes under the purview of the health visitor, who supervises 5 - 8 mid-wives. Her duties are so extensive, with an area

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8. Maternal Care and Mental Health by J. Bowlby.

9. Report of the Child Health Council, Bangalore, 1968-69 and 1969-70

covering half a taluka, (50,000 population or more) bus-services are very poor, walking takes quite a while, facilities, for camping-out are meagre. Very rarely does the Health Visitor find time to practice any toddler-care, that she might have acquired during her training ( $2\frac{1}{2}$  years after matriculation). Sick children would be taken, often with great difficulty to a sub-centre or a Primary Health Centre, where the young doctor (soon to be 2 doctors, hopefully one woman doctor) will do his poor best. The pre-school child gets very little help, because the paucity of MCH staff forces us to put more accent on Maternal and Infant care services. The advent of the crash programme "Family Planning", which should have strengthened the MCH programme, has actually depleted it, because peripheral staff are finding it hard to look upon it as anything except a further load or additional duty. They are pressurized into meeting targets and "Integration" is just a word, even at higher levels.

From the above picture it is only too easy to visualise the gaps between the needs and services. Limitations are definitely those arising out of inadequate and inadequately equipped personnel. While they cannot realistically even cover the elementary basic needs, the question of removing the "dead-wood" (services which waste time and are outdated, not strictly necessary) does not arise.

In conclusion, suggestions for improvement would be :

1. Assessment of the whole range of children's needs and the resources available to meet them, from all the studies and data collection done so far, and new studies.
2. The planning for children should be integrated into larger plans for social and economic development.
3. MCH services are to be strengthened and truly integrated with all the other health services. Meaningful in-service training programmes should replace routine badly planned ones.
4. Field services have to be helped by rendering the staff more mobile, by sharing vehicles already on the road. Providing new ones for supervisory staff like district Nursing Supervisors, who like a matron in the hospital have to cover the entire field namely the district.
5. UNICEF, FAO, ILO, UNESCO, WHO, United Nations Bureau of Social Affairs and other world agencies are willing to collaborate at request in their special fields of competence. So, Governments should utilize this to the maximum with proper assessment, planning, execution and follow-up. UNICEF aid in the fields of education, vocational training and guidance and social studies is newly made available.

6. At the periphery, the head of the health team, namely the Medical Officer of Health, is the key person. Efforts to give him job satisfaction, meaningful training and building-in social service traits, at all stages of his education, are vital.

7. The living conditions of the para-medical staff at field levels are deplorable. A person without a hand-flush latrine or a kitchen garden can hardly teach or be an example to others.

8. The almost universal depression in morale<sup>10</sup> of all workers in all disciplines has somehow to be bolstered-up. "Doing a minimum of honest work to earn a maximum monetary benefit" hardly lends itself to helping the pre-school child or indeed anyone.

9. In urban areas and fringe areas, numerous women doctors are without work or in private practice. Their part-time services could be readily utilized for child health services.

## HEALTH EDUCATION—PEOPLE'S INVOLVEMENT

CENTRAL HEALTH EDUCATION BUREAU

The Dharmashastras recognised the first stage of human development as birth to 6 years, and termed it 'Saisava', but India, has probably never been so interested in the welfare of pre-school child as it is today. It is trying to promote the health and well-being of its children, age group 1 to 6, more intensively, through feeding programmes, medical care, and the establishment of nursery schools and pre-primary classes in the existing primary schools. An indirect way in which the country is working for the health of the pre-school child is by motivating the mother to space the births or suspend births, so that the child in her lap can have the care that is needed at what research has shown to be the most impressionable and crucial period of life. For, in the life of a child, this is a period of significant total intellectual development, with development of language and muscular co-ordination and the basic pattern of social relationships with his peers and adults. It is in these years that the child may develop a real identification with his family and at the same time attain a sense of himself as a separate individual and gain a feeling of independence. In short, it is a period of learning.

Hence, in this period we should also lay the foundation of health :

Physical health in the form of regular medical care, timely immunization, adequate and suitable food, toilet and wash training, dress training and protection from accidents.

Mental health in the form of outings, play, music, stories, giving a latitude for his phantasies and answering his many questions seriously and truthfully.

Social health in the form of interaction with his peers, and adult role models.

Knowledge of good health habits can be inculcated and training in the practice of them begun by those who are responsible for the guidance of the child and those who come in contact with him. These social units are chiefly the family, the school and the neighbourhood. With the

commencement of societal effort, there are also the health and welfare service groups. However, to change a pattern of child-care with slender resources requires not only the involvement of the groups immediately concerned but of the total community, so that there arises an appreciation of the needs of the child and a mobilising of resources for adoption of improved child care.

#### **Some efforts in India at community involvement in health programmes for the pre-school child:**

Studies with regard to pre-school education and child development are fairly extensive. They have mostly been conducted by University Departments of Education, Psychology and Home Economics. They cover the pattern of child development, evolving methods of teaching in a children's school, developing media and audiovisual aids, exploring trends in social, emotional, intellectual and physical development and trying out various ways of handling the child during infancy. The colleges and departments of Home Economics have also developed extension services in which community organisation method have been successfully used but the documentation is mostly in the form of these and dissertations and not easily available.

The Community Development Programme and the Applied Nutrition Programme function chiefly through community involvement though it is more of a participation in the form of being recipients of services. The Community Development Programme has, however, reported the efforts of certain Mahila Mandals (rural women's clubs) in establishing and conducting Balwadis (Nursery Schools) with full play equipment, the provision of soft toys by the Mahila and Yuvak Mandals (Youth Clubs) and the conducting of mid-day meal programmes in which some of the food-stuffs were contributed by the community and the village women cooked the meal voluntarily by turns. The Central Social Welfare Board has also tried to get the community to provide materials for the Balwadis.

The Applied Nutrition Programme has motivated many communities to set up kitchen gardens and poultry units and collaborate in development of fisheries. It has also obtained the contribution of eggs and fish (where available) and distributed this to mothers and pre-school children. Groups of mothers have participated in programmes of nutrition instruction and demonstration of new recipes. While obvious achievement in community participation is there, the programme has not ventured into systematic study of effective methods of community involvement.

So also with the Maternal and Child Welfare Services. Here again, community participation is maximum in the services for children, especially the milk and vitamin supplement programme and the children's clinic. Certain centres have also successfully embarked on instruction

and demonstration related to nutrition and hygiene in which the mothers have played specific roles such as explaining a process or recipe. However, the idea of continuity of medical care does not seem to have caught on with the community as the well-baby clinics are poorly attended and mother-craft classes so valuable for health instruction are neglected. Since, the service staff are engrossed with the curative aspect, there is little incentive to experiment with the preventive aspect. However, the family planning programme attempts active involvement of the community through demonstration, discussion, home visits, services of satisfied users and motivators.

Certain Associations and Institutes have, however, tried to develop a methodology for involvement of the community in health efforts for the pre-school child. The National Institute of Nutrition at Hyderabad has since 1963 made successive attempts at making the community take health action for its pre-school children. The first attempt was with a group of mothers in an urban Maternal and Child Welfare Centre who were given a weekly instruction-cum-demonstration on the weighing day for babies, and motivated through re-instruction and follow-up in the homes, to prepare and feed a culturally acceptable weaning gruel to their weaning infants.

The next attempt was in a rural area, where the educational activity was integrated into the programme of a typical nurse-midwife. The nurse was successful in addressing women individually (along with other family members) and in groups (of women) and succeeded in improving the knowledge and attitude to feeding locally available food supplements to children. Mothers approached in the family appeared to prepare the receipt more often.

The succeeding effort by the same institute was extended from small groups of the target population to the total community and local resources were harnessed. Firstly, a recipe was evolved using locally available food-stuffs. Discussions were held with the local leaders and the co-operation of the local women's club and youth club for organising the pre-school feeding programme was secured. The local organisations provided the services for procurement of raw food and transport. Cooking was done by the women of the village and distribution was through the Balwadis by the local youth club members. The programme was so successful that there were requests from neighbouring villages for similar programmes.

The Nutan Bal Shiksha Sangh of Maharashtra which conducts pre-school education in small villages of Maharashtra/Gujarat and a slum area of Bombay, developed a strategy of pre-school education. Various ways of securing community involvement was a part of the strategy. This comprised of inviting rural guardians of students on festive occasions and proving the value of early childhood guidance by making the children

give a cultural programme. This was successful in bringing the teachers and students in contact with the village community, reducing barriers among caste and status groups and securing community participation and interest in the programmes.

The Sangh developed the "Angan Balwadi" which could be held on a verandah or other open space and required minimum essential equipment which could be supplied by the community and the primary health centre. Through daily home visits, the workers were able to convince tribal parents that Balwadi education was necessary and it was useful to entrust their children to the Balwadi. Parents who would not attend meetings were invited on festivals and other occasions (such as a yearly "naming ceremony") to the Balwadi. Thereby, it was tried to involve the parents and carry new habits learned in the Balwadi into tribal homes.

The Nehru Experimental Centre, Delhi, started a community pre-school centre in a local village. A concerted effort was made to involve the community from the very beginning. First, the theme was discussed with interested persons and village community leaders.

In order to arouse the interest in the village people, a visit was arranged to a cooperative nursery school. Women in the village were informed of the project and two or three village girls were trained as teachers. The school was first housed in the village "chopal". The community donated used toys, articles and waste materials. A 12 member committee was set up to manage the school affairs with the Pradhan as treasurer and the Block Development Officer as member. The committee helped in raising funds, purchase and preparation of equipment by local craftsman. Some members of the committee contributed the materials for cooking a food supplement for the children. The village women were persuaded to come and observe the pre-school in action. Further collaboration was obtained through fortnightly mother's meetings.

The National Council of Educational Research and Training has a Laboratory Nursery School in which a Parent Education Programme consisting chiefly of informal contacts, home-visits, observation of nursery programme, help in out-door trips, diary reports and parents meetings has been evolved and documented.

The Central Health Education Bureau, New Delhi, and some of the State Health Education Bureau have conducted programmes in school and community health in which parent and community involvement (leaders, influentials and other interested persons) is an integral part of the programme. Three programmes carried out in urban Delhi in 1968-69 by the Bureau, involved some of the parents and influentials in programmes of general health, nutrition and D.P.T. Immunization by including them in the Planning Group. This was achieved through individual and group contacts. These persons were then given an

orientation training and more active involvement was obtained in getting contributions of money from the community, making physical arrangements for health education activities, controlling visitors at exhibitions, films, etc., and cleaning the premises used. In the D.P.T. Programme, the members of the planning group arranged for the 2nd and 3rd dose of the vaccine and collected the children to receive the injections. The programmes were appreciated so much that there was a demand for more programmes.

Three major conclusions are made by the Central Health Education Bureau in the light of more than 40 health education programmes in the areas of Family Planning, Tuberculosis, Malaria, Nutrition, Small-pox and School Health : Firstly, workers' influence plays a significant role in the success of a programme. Secondly, even though the entry into the community is through formal leaders, it is the informal leaders or influential person in each locality who helps tangibly in programmes. Thirdly, elderly persons especially women and satisfied users or beneficiaries are good communicators and opinion-builders.

In the light of the above, the inclusion of methods of working with parents and guardians in the training of Bal Sevikas (nursery school teachers), and the scheme adopted by the State of Madras assumes significance. Under the latter, a local woman is selected as a teacher. She is given a short training and a small honorarium and is assisted by the local Mahila Mandal in performing her duties.

However, whether it is a question of early inculcation of sound health practices or gaining acceptance and help for a total programme of pre-primary education, the co-operation of the family and wider community to which it belongs is essential. This brings us to the crux of the problem : How to involve the community in a welfare programme?

#### **A conceptual framework for community involvement :**

Community involvement implies a behavioural change. To induce such change in the community we must understand the community, approach the community and motivate the community to adopt the recommended practice or in other words, change the existing pattern of behaviour.

To understand a community, we must study its culture, its structure and the organisations in it. Culture is a set of rules and procedures together with a supporting set of ideas and values, which a group develops from its life's experiences to meet its needs. Often, it is the sub-culture of a particular group within a community that needs to be studied. A sub-culture has a behaviour system that is really part of the larger community culture, but has certain unique cultural patterns marking it as a distinct unit. The norm or model pattern of behaviour

for members of a group, influences the adoption of new ideas. Adopters will tend to deviate from the norm.

A trait is the smallest unit of culture and related traits are grouped into complexes. Change takes place by the appearance of a new trait and its adoption into the relevant complex. Cultural values and beliefs influence not only the acceptance or rejection of a new trait but also how the idea will be integrated into the existing way of life.

In order to understand the community, it is necessary to have a picture of the social inter-action within the frame of a common culture. The simplest way may be to understand the stratification in the community or the status of groups in the community in terms of varying superiority and inferiority. This will give clues to the community power structure and the leaders. In addition to this, it may be necessary to have a total picture of the part or sub-groups that comprise the community, including in particular those based on differences in age, sex, relationship, occupation, residence, property, privilege, authority, religion, etc.

Lastly, from a functional point of view, the organisations both formal and informal in a community must be studied and listed for their possible role in programmes.

The approach to the community could be legal, administrative, or educational. The educational approach attempts to close the gap between knowledge achieved by research and existing practices and behaviours. It achieves this through the learning situation and the change process. The basic components of the learning situation are : awareness motivation, communication and decision-making. An important model of behaviour change has the following sequence: awareness, knowledge, mental evaluation, trial, and sustained adoption.

Motivation of the community to change health behaviour will require the planning and the execution of a health education programme. There are 6 steps in the development of such a programme :

**Step I** Identification of the health problem and consideration of goals in planning a health education programme.

The Health Programme

The phase of the Programme

Nature and Scope of the Problem

**Step II** Determination of desired practices and analysis of factors influencing change .

Health Programme activities

Acceptability and the people

Target groups

Present practices of the people

Social, psychological, cultural, economic, physical and other factors influencing support, acceptance and adoption

Attitudes—positive and negative

Changes necessary in the health services provided

### Step III Assessment of apparent and potential resources

Workers to be involved—duties, training, supervision  
Resources—Governmental, voluntary, medical, official and non-official leaders, others (agencies, libraries, cultural centres)

### Step IV Establishing educational objectives

Extent of health education in an on-going programme  
Health Education objectives in terms of specific behaviour change—immediate, intermediate and ultimate

Responsibility for developing the plan of operations  
Provision for evaluation

### Step V Development of a detailed plan of operation for health education

Baseline data and its collection  
Involvement of the community through communities  
Target groups  
Opportunities for health education  
Educational activities  
Persons responsible—training—supervision  
Co-ordination of the programme

### Steps VI Development of a detailed plan for evaluation of health education

Educational objectives for evaluation  
Are the educational objectives related to programme goals  
Educational efforts or activities to be evaluated  
Methods and instruments to measure progress  
Resources and training of evaluators  
Plan for feeding evaluation results back to planners and implementers for improving future programmes

Health education cannot be planned in general terms or in a vacuum. It is planned in connection with a specific health programme or health service.

### **Some suggestions for securing community support in care of the pre-school child :**

The Fourth Five Year Plan envisages several comprehensive programmes for the pre-school child, in which very rightly the family and

health aspects are given priority. They comprise the following :

1. Milk supply for the pre-school child.
2. School Meal Programme.
3. Applied Nutrition Programme.
4. Composite family and child nutrition programmes.
5. Maternal and child-welfare services.
6. The family and child welfare services of the Central Social Welfare Board.
7. Research and training in pre-school education.

Likewise, the activities of a typical Balwadi include personal hygiene, health care, provision of supplementary nutrition, training in school adjustment and introduction to the requirements of formal learning through play and recreation. Hence, it is evident that health aspects are uppermost.

All these programmes will not be of much avail, if the family, specially the mother and women-folk do not carry out the work started in the health centre or the nursery school. The involvement of the family therefore, occupies primary importance in the programmes for pre-school children. In addition, the following agencies and institutions will have to work together in order to bring qualitative improvement in the care and education of the pre-school child :

1. Families (already mentioned).
2. Village Panchayats and Samities.
3. Block team of extension officers and village level workers.
4. Primary Health Centres and sub-centres.
5. Personnel in the applied nutrition programmes and school-feeding programmes.
6. Teachers.
7. Associate organisations—Youth Clubs and Mahila Mandals.
3. Voluntary Welfare Agencies.

The composite programme of family and Child Welfare proposed for the Fourth Plan will have pre-primary education as an integral part of these composite projects and the necessary co-ordination with the authorities dealing with health, education, community development and social welfare, etc., is fully provided for in the organisational pattern of these programmes.

Primarily, the Health and Education agencies will have to develop an association with the family and learn about the culture, the society and the child's life at home. They will then, have to give training to the mothers in child care, nutrition, sanitation and health programmes. They may also have to make some of the power groups in the community understand the needs of the child and the process of developmental

trends and thereby, create in them or bolster the need for programmes for the pre-school child.

Parent education procedures that have been tried and found effective are informal individual contacts through home visits, inviting parents in various programmes of the Balwadi and participation in women's clubs and parent committees, etc. Some duties and responsibilities which the parents could take in rotation or according to their personal interest could be, helping the teacher in arts, crafts or music, supervising field trips, taking responsibilities in school feeding programmes, personal hygiene routine of children, helping in raising funds and in locating and approaching sources from where help could be obtained with regard to the supply of material for toys and other necessary equipment.

Through systematic information and persuasion, the village panchayats and Blocks-Samities could be motivated to make available land and accommodation for the Balwadi and give such other help as is required to organize or contribute to the school-feeding programme. The primary health centre and its sub-centre could provide periodical check-up of the children and the required immunization. The workers from the applied nutrition projects, besides organizing the distribution of foods through the Balwadi could help in the training of mothers.

The children of upper primary, middle and secondary schools have proved very helpful in communicating new ideas to parents, and urging their practice in the home. In addition, they have been instrumental in making the parents take an active part in school programmes. It would be worthwhile if the health visitors and Balwadi teachers work in collaboration with teachers of higher classes and locate interested students and take their help in the education of parents and in securing the contribution for various activities of pre-school child welfare programmes.

Success and effectiveness of these programmes lies in periodic and systematic evaluation. The workers in the programmes, such as the Health Visitor, Teacher, Extension Educator and the Supervisor should prepare a systematic plan of self-appraisal of their efforts and chalk out further line of action in accordance with the results of self-appraisal.

The agencies involved in the activities for pre-school child should also work in co-ordination with each other in order to eliminate overlapping and duplication and to enable them to make effective use of the achievements of each agency. For this, it will be advisable, if a joint consultative committee representing the departments of Education, Health, Community Development and Social Welfare, National Council of Educational Research & Training, Indian Council for Child Welfare, Central Social Welfare Board, Central Health Education Bureau, National Institute of Nutrition and National Institute of Community Development is constituted and the programmes are chalked out in accordance with its decisions.

## **NUTRITIONAL STATUS : NEEDS AND SERVICES**

Dr. C. GOPALAN

Children below 5 years who, from the nutritional standpoint, are the most vulnerable and exacting segment, constitute over 15% of the population in India as against 8.8% in U.K. and 10.5% in U.S.A. This age structure of the population in India in comparison with that of the other countries must be considered unfavourable from the economic and nutritional standpoints.

Furthermore, there is a rapid turnover of the pre-school child population segment. Thus, about 40% of the total deaths in India take place among children below 5 years as against 3.8% in the technologically advanced countries of the West. Though there has been a steady decline in the infant mortality rate in India over the last 20 years, the pre-school child mortality has more or less remained stationary.

Therefore, a considerable proportion of the child population in India never reaches adulthood and the expenditure incurred on their rearing yields no returns to the State. The enormous "wastage" of children is apparently a motivation for large families especially among the poor segments of the people. We are thus caught in a vicious cycle of malnutrition leading to high child mortality which in its wake, motivates large families resulting in further aggravation of malnutrition.

### **Nutrient requirements**

The nutrient requirements in early childhood are indicated in Table I (Annexure I). These figures are based on available data gathered not only from India but also from other parts of the world and could serve as useful yardsticks for the assessment of the adequacy of current dietaries of pre-school children.

### **Current dietaries**

Though several diet and nutrition surveys have been carried out among different regions of the country, very few of them have been specially directed to pre-school children who are today nutritionally the most vulnerable segment of our population. Precise information on the actual diets consumed by pre-school children obtained through investigations specifically designed for this purpose is extremely scanty. In the

absence of such information, speculative hypotheses regarding the pathogenesis of some nutritional deficiency diseases like kwashiorkor and marasmus, commonly observed among pre-school children, have emerged. Exact information on the nature and extent of nutritional deficit in this vital group will enable the formulation of a rational and scientific programme of dietary supplementation. The National Sample Survey data have pointed out important differences in the pattern of expenditure on diets between the population in rural and urban areas. In the context of increasing industrialisation and urbanisation, an understanding of the prevailing differences in the nutritional situation of the pre-school children as between rural and urban areas, becomes important. In order to investigate these aspects, the Indian Council of Medical Research set up six study centres in different parts of the country to carry out a comprehensive assessment of the nutritional status of pre-school children in representative areas of the country. With a view to ensure that the results obtained in these different centres will be truly comparable, the procedure for the survey was standardized and uniform methodology and techniques were agreed upon, by workers in the different centres. The salient findings which had emerged from the study are briefly discussed below.

It was observed that prolonged breast-feeding was the rule. More than 50 per cent of the children were at the breast even at the age of three years. Nearly 10 per cent of children were getting some breast milk even at the age of five years. Almost a third of the number of children studied were exclusively breast-fed even at the age of 15 to 18 months. Supplementary feeds were started only between 15 to 18 months in more than 75 per cent of the children, the first supplement almost invariably biscuits, rice gruel or small amounts of jowar (Sorghum) roti. There was no attempt by the mothers to prepare special diets for the infants at the time of weaning.

The mean dietary intakes of protein and calories are shown in Table 2 (Annexure II). Since the diets were almost exclusively based upon cereals, the major portion of protein was derived from vegetable sources—particularly in the children above two years.

All children were considerably under weight as compared to well-nourished groups of children. The intake of protein in terms of actual body weight appeared to meet the recommendations made by the recent Expert Groups, even after making allowances for the low biological value of the vegetable protein in the diet. The intake of calories, even when expressed in terms of body-weight, however, appeared to fall far short of the recommended allowances in all age groups, the deficit varying from 18 to 27 per cent.

The deficiency in calorie intake would seem to be of great significance. Protein intake, which otherwise would have been considered

adequate, becomes inadequate in the face of this calorie inadequacy, as protein is utilised for purposes of providing energy. These results strongly suggest that the protein malnutrition in our pre-school children is conditioned to a considerable extent, by the inadequate levels of calorie intake, and that the main bottle-neck in the current dietaries of poor Indian children is calorie insufficiency. Appreciation of this fact has an important bearing on the approach towards control and prevention of protein calorie malnutrition.

In view of the current interest in the fortification of cereals with lysine, in order to improve their protein quality, it will be interesting to examine how far the diets of pre-school children surveyed were deficient in lysine. Studies carried out in the National Institute of Nutrition indicate that in the diets of pre-school children in India, lysine deficiency is not a constraint. When typical diets of pre-school children based on wheat (Punjab), rice (Madras) or mixed cereals (Hyderabad) were analysed for their amino acid make-up, it was observed that in none of these diets was lysine the first or even the second limiting amino acid. The reason for this appears to be that although these diets were predominantly cereal-based, they also contained some quantity of pulses or milk, which are rich in lysine and thus make good the lysine deficiency of cereals in these diets.

The diets were deficient in several minerals and vitamins. The average intake of certain vitamins and minerals by pre-school children as revealed by the above survey is shown in Table 3 (Annexure III). It will be seen that the diets were low in riboflavin, vitamin C, iron and calcium and extremely low in vitamin A. These levels are inadequate compared to currently accepted allowances.

### **Nutritional Deficiency Signs**

It is not surprising that in view of such inadequate dietaries the incidence of malnutrition among pre-school children is widespread. Surveys carried out by the Indian Council of Medical Research show that the heights and weights of about 90% of the pre-school children surveyed were below the tenth percentile values of American children of corresponding ages. In other words, nearly 90% of poor Indian children surveyed had values for heights and weights which corresponded to the lowest 10% of the American Group.

Among the major nutritional deficiency disorders affecting the pre-school children are protein-calorie malnutrition, vitamin A deficiency, anaemia and vitamin B-complex deficiency. At a given time, it has been estimated that nearly 1-2% of the children of poor communities in South India exhibit extreme signs of protein calorie malnutrition. Incidence of marasmus, in which category may be included all children with body weights less than 50% of the average, was found to be almost twice this figure.

Blindness resulting from keratomalacia arising from vitamin A deficiency is a major problem. It has been estimated that out of 4 million blind people in India, nearly 1 million are cases of blindness arising in this manner.

Recent studies show that anaemia is also a serious problem among pre-school children. Fifty percent of the 3,000 pre-school children surveyed in a recent study showed haemoglobin values less than 10.8 g/ml. while 5% had less than 5 g/100 ml. The problem of anaemia appeared to be particularly severe in the younger age-group. The low levels of MCHC would indicate that iron deficiency was the major cause of widespread anaemia.

### PREVENTIVE PROGRAMMES

#### **Family Planning**

Among the programmes likely to make a profound impact on the health and nutritional status of pre-school children in India, in the long run, is the family planning programme which aims at limiting the family size to three children, is extremely important. Recent studies have provided some indication of the possible impact of this programme on the health and nutritional status of pre-school children. An analysis of admissions to pediatric wards shows that children belonging to birth orders 4 and above accounted for 34% as against 66% of cases accounted for by children of birth orders 1 to 3. On the other hand, analysis of several hundred cases of severe protein-calorie malnutrition admitted to the same hospitals showed that only 39% of these children belonged to birth orders 1 to 3, as against 61% belonging to birth orders 4 and above. It is significant that in spite of the general preponderance of the children of the earlier birth orders among general admissions to the hospital, a great majority of cases of malnutrition consisted of children in the later birth orders.

In another field study covering 1,400 pre-school children, it was found that while 32% of children belonging to birth orders 4 and above exhibited various signs of malnutrition, only 17% of children of earlier birth orders showed such evidences. The heights and weights of pre-school children showed negative correlation with family size. Even allowing for normal distribution of children in the two birth order groups in the community, these data would show that 62% of all nutritional deficiency states in pre-school children are encountered in children of birth orders 4 and above. This would indicate that even under the current economic and living conditions, mere limitation of family size to three children can bring down the incidence of malnutrition in pre-school children in India by about 60%. This is probably and underestimate as this does not take into account the possible impact of

countrywide family planning on the general economic status and the food resource position in the country.

### **Creation of institutional frame-work and infra-structure**

A major difficulty in the implementation of nutrition programmes among pre-school children lies in the fact that unlike in the case of expectant mothers and school children, this vulnerable group of population cannot, at present, be reached collectively in large numbers. We do not have at present either the administrative infrastructure or the institutional frame-work essential for the organisation of large scale programmes of nutritional uplift of pre-school children. Highest priority must be accorded to fill this major gap. The creation of a wide net-work of pre-school child care centres (Balwadis) which is now being attempted, is expected to provide the institutional frame-work which would facilitate the operation of nutrition programmes for pre-school children. Alongside these Centres, a network of Womens Associations (Mahila Mandals) is also being created in the rural countryside. Attempts should now be made to get these institutions working properly and utilise them for the organisation of feeding programmes among pre-school children.

### **Some practical approaches**

It must be obvious that the solution to the problem of pre-school child malnutrition in countries like India where 70% of the population live in rural areas, and under economic conditions in which they can hardly afford the type of food which they need, processed foods can hardly make any significant impact on the nutritional situation. Programmes based on processed foods of this type would inevitably be faced with bottlenecks in availability of right ingredients, transport, storage and community acceptance. The answer to the problem of malnutrition under these circumstances must lie in the more effective use by the village community, of the locally available inexpensive foods in proper combinations. It should be the object of nutrition workers to educate the village community in the effective utilisation of these locally available resources and to enable them to apply this knowledge in their daily lives. The National Institute of Nutrition, Hyderabad, have initiated programmes on these lines. Recipes based on locally available foods suitable for different regions of the country and the among different communities, have been formulated, their nutritional quality evaluated and acceptability tested. These recipes are such as can be easily formulated by rural women working in the Womens' Associations and can be distributed with their help to the pre-school children in the pre-school child care centres. Obviously, a programme of this nature requires proper leadership at the local levels. This, in turn, implies the training of large numbers of Village Level Workers who have the necessary background and motivation.

In the situations prevailing in poor rural communities in India, malnutrition and infection are very closely inter-related. Obviously, the uplift of such communities implies an integrated total health care in which immunisation programmes should be hand-in-hand with programmes for improving nutrition.

A major nutritional problem in pre-school children is blindness arising from vitamin A deficiency. It has been estimated that out of four million blind subjects in India one million are cases of preventable blindness, a high proportion of the latter being attributable due to Vitamin A deficiency. The immense social and economic repercussions of permanent blindness in children can be appreciated. This problem has, therefore, to be tackled on a priority basis.

The long-term answer to this problem would of course consist in the improvement of current diets by including green leafy vegetables which provide carotene, which can be converted in the body to Vitamin A. This ideal solution, however, imply intensive nutrition education and can only be a long-term solution. In view of the urgency of the problem it becomes imperative to devise short-term measures which could be applied immediately on a mass scale. Since vitamin A can be stored in the liver for prolonged periods, the possibility of using the approach of administration of a single annual oral massive dose of vitamin A in children was investigated in a field study covering several hundreds of children. The results indicate that this would be a useful approach to the problem. In view of certain practical considerations, it was considered desirable to recommend for large-scale application two doses of 200,000 IU vitamin A, each at intervals of six months instead of one annual massive oral dose.

The practical values of this finding in some developing countries where health services are extremely limited and where repeated home visits by health personnel are not possible may be obvious. The Planning Commission of the Government of India has included this item among the health programmes in the current Five Year Plan. This programme is already in operation in six States and it is expected to cover about six lakh pre-school children.

## Daily Allowances of Nutrients for Infants and Pre-School Children

Group and particulars		$N_{2} CaO$ - mgs. K. cal-	Total pro- teins (g.)	Proteins per kg. (g.)	Calcium mgs.	Reticulol mg./kg.	Vitamin A /3 Caro- tene /ug.	Thiamine mgs.	Riboflavin mgs.	Nicotinic acid mg.	Astorbic acid mg.	Folic acid /ug.	Vitamin B <sub>12</sub> /ug.
<b>Infants :</b>													
0-6 months	120/kg	—	2.3—1.8 <sup>b</sup>	(b) 0.5-0.6 <sup>a</sup>	1.0/kg	400	—	—	—	—	—	—	0.2
7-12 ,	100/kg	—	1.8—1.5	0.5-0.6 <sup>a</sup>	1.0/kg	300	1200	—	—	—	—	—	0.2
1 year	17	1.90											
2 years	18	1.7											
3 years	20	1.7											
4-6 years	1500	22	1.7	0.4-0.5	15-20	300	1200	0.8	0.8	10	30-50	50-100	0.5
													1.0
<b>Sources :</b> Dietary allowances for Indians ICMR Special Report Series No. 60, 1968.													
(a) Calcium allowance for infants 0-6 months will be for artificially fed infants. Calcium intake from breast milk will, however, satisfy the needs of breast-fed infants upto six months.													
(b) Infant allowance during 0-6 months is in terms of milk proteins. During 7-12 months, part of protein intake will be in the form of milk, and supplementary feeding will be derived from vegetable proteins. The daily protein allowance is calculated from the ideal weight. Protein allowance during infancy will be :													
0-3 months	—	—	2.3 g/kg	—	6- 9 months	—	1.8 g/kg	—	—	—	—	—	—
3-6 months	—	—	1.8 g/kg	—	9-12 months	—	1.5 g/kg	—	—	—	—	—	—

Sources : Dietary allowances for Indians ICNMR Special Report Series No. 60, 1968.

## ANNEXURE II

TABLE 2

## Protein and Calorie Intake of Rural Pre-school Children

Age Group 100 days   1000 GSF	Number surveyed	Mean weight kg.	Protein Intake		Calorie Intake	
			Gm/day	Gm/kg.	G/day	C/kg.
6-12 months	126	6.7	12.5	1.9	550	82
1-2 years	418	7.8	14.0	1.8	610	79
2-3 years	328	9.1	19.8	2.2	860	96
3-4 years	394	10.1	21.2	2.0	910	86
4-5 years	578	12.4	20.0	1.6	900	73

## ANNEXURE III

TABLE 3

Nutrient	1-3 Years	4-6 Years	Average Intake Calories	Average Intake Calories	Recommended allowance ICMR 1968
Thiamine mg/1000 Cal.	0.13	0.18	0.10	0.13	0.5
Riboflavin mg/1000 Cal.	0.12	0.14	0.09	0.10	0.55
Niacin Equivalents mg/1000 Cal.	0.15	0.16	0.10	0.11	6.6
Ascorbic Acid mg/day	1.60	1.60	1.30	1.30	30.50
Vitamin A (Retinol) /ug/day	113	113	110	110	250-300
Iron mg/day	0.38	0.41	0.35	0.35	15-20
Calcium mg/day	150	150	100	100	400-500

\* Based on Diet Survey in the Hyderabad region.

## NUTRITIONAL PROGRAMMES FOR PRE-SCHOOL CHILDREN IN INDIA

Dr. KALYAN BAGCHI

It would be erroneous to think that the problem of malnutrition is being realized only today. Even during the 20 years of independence period the danger of malnutrition has been emphasized on several occasions by different agencies with, however, completely different interests. By and large, such emphasis came mostly from the workers in the fields of health and social welfare. Social workers coming in contact with hungry sick children of the under-privileged communities were mostly concerned with organization of either milk feeding centres or feeding programmes of other nature. In fact, even today the same trend is continuing in the official programmes of the Social Welfare Department either at the Central or the State Level.

On the other hand, the health workers have been all along concentrating on the clinical effects of malnutrition in children and their efforts have been mostly on the screening of such children and their effective treatment. Preventive aspects were generally ignored especially if these impinged on other interests like education, extension, food production, etc. There were interests also in the field of agriculture and food production and several references about malnutrition have emanated from these sources but by and large these were basically dependent on cereal shortage in the country and efforts to be self-sufficient in India which, rather erroneously, was always equated with food-grain.

It is thus apparent that a comprehensive approach towards the problem of malnutrition was never taken in the past. The previous three Plan documents did mention about the dangers of malnutrition but no efforts were made to evolve comprehensive nutrition programmes directed towards the most vulnerable segments of our population—the pre-school age children. Even in the field of health, the two important documents, popularly known as Bhore Committee and Mudaliar Committee Reports did not place adequate emphasis on the multi-faceted nature of malnutrition and the need for a comprehensive and co-ordinated approach.

There are several reasons for such a lack of co-ordinated approach towards the problem of malnutrition,

Some of the important ones being the following :

(a) There is complete absence of a co-ordinating machinery which can take an overall view of the whole problem first and then evolve suitable programmes. There have been important co-ordinating bodies like the National Nutrition Advisory Committee and the Food and Nutrition Board. However, these had special bias on either the health aspects of nutrition or the production or the processing aspects.

(b) There is lack of appreciation of the relation between malnutrition and the economics of national development and as a result nutrition programmes never attracted the attention of financial planners. To a large extent, this has been the mistake of the nutritionist who were engrossed in the academic investigations and were unable to project such an image before the planners and administrators.

(c) Even in the scientific field, nutritionists have been more or less engaged in the laboratory and academic aspects of malnutrition and were not very much interested in the application of their findings. Possibly, the nutrition scientists expected that the application should be in the hand of the administrators whereas the administrators, as mentioned earlier, did not attach much importance to the gravity of malnutrition.

Added to all these difficulties, the target group for nutrition programmes—the pre-school children—has been always very difficult to approach. It is an accepted fact that the pre-school children are non-approachable not only in this country but almost in all countries. It is a matter of great satisfaction that the organization of 'Balwadi' growing rapidly in this country, will fill a long-standing gap in approaching this vulnerable segment not only for nutrition programmes but for other vital services like health, education, etc.

### **Recent developments**

In recent years, several important developments have taken place both at the Central and State levels which have made great impact on the implementation of nutrition programmes. Briefly, these are as follows :

(a) A high-power co-ordinating body directly under the Planning Commission to take a co-ordinated approach towards the problem of malnutrition and evolve suitable programmes avoiding duplication and omissions has been formed. The Fourth Five Year Plan documents contain, for the first time, a separate chapter on Food and Nutrition.

(b) There has been a very rapid awareness among all the different agencies of the Government of India in relation to the gravity of malnutrition especially in the context of national development and there is eagerness to implement nutrition programmes in various fields.

(c) This awareness amongst the administrators and planners and especially the formation of the co-ordinating body of the Planning

Commission have been responsible for the allocation of a fairly generous fund for nutrition programmes in the country. It is a matter of great achievement to have more than Rs. 71 crores for nutrition programmes in the country during the Fourth Five Year Plan. In terms of the population, this amount might not be very spectacular but the fact that for the first time allocation has been made for implementation of nutrition programmes is a matter of no mean achievement.

(d) The pre-school age children have attracted the attention of all the agencies and efforts are being made to serve them through various nutrition programmes. The active role played by the Social Welfare Department of the Government of India in the welfare of pre-school children has been also to a large extent responsible for such activities of nutrition programmes for pre-school age children. The excellent document of the Gangasharan Sinha Committee for the overall welfare of children has been a landmark in the approach towards over-all welfare of this important segment of our population.

(e) The voluntary agencies have been in recent years have been playing a very active part in the nutrition programmes of the pre-school and school going children. The role of such agencies like the CARE, CASA, etc. is known to everyone.

(f) There has been also a very welcome emphasis by the scientists and technologists in their approach towards the problem of malnutrition. By and large, the entire emphasis is being now given to the application of the previous scientific findings so that these can yield result for the betterment of nutritional status of children and others.

### **Details of nutrition programme**

The previous paper has given a brilliant exposition of the incidence of nutritional deficiencies in the country. It would not be wrong to state that by and large the major nutritional hurdles are the deficiencies of calories, protein, Vitamin A and iron. There are other nutritional deficiencies as well but these are of minor nature. If the four above mentioned deficiencies are under control, malnutrition problem would be of no significance in this country.

The nutrition programmes directed towards the pre-school children in the country can be broadly divided under two heads :

(a) Programmes designed specifically and directly for the nutritional improvement of pre-school age children.

(b) Programmes which will in the long run improve the nutritional status of all including the pre-school children but in an indirect manner.

The direct programmes can be of immediate and urgent nature to halt the ravages of malnutrition and to prevent the young children from the stage of no-return. Broadly speaking, there are two types of such

urgent direct programmes which have just been implemented by the Government of India. These are :

(i) Prophylaxis programme mainly through medicinal proposition to take care of such nutritional deficiencies which are taking a heavy toll either in morbidity or mortality. In the long run, however, these programmes are to be withdrawn since the objective is the use of a good wholesome diet instead of medicines. Two such recent programmes implemented by the Ministry of Health, Government of India, are prophylaxis against blindness caused by Vitamin A deficiency and nutritional anaemia caused by iron deficiency. During the Fourth Plan period, 12 million pre-school children will be covered against Vitamin A deficiency and 9 million children against iron deficiency.

(ii) Feeding programmes of pre-school children : It is a known fact that the pre-school age population in the country suffer to a very large extent from the damages of malnutrition. It would take some time to reap the benefits of long term programmes and as such the implementation of feeding programmes urgently undertaken will be of great assistance in preventing the children from developing severe and irreversible nutritional damages. The supplementary feeding programme being implemented by the Social Welfare Department, both for the 0-3 years, and 3-6 years, falls in this category. By and large, the pre-school children are to be provided with nutritious dietary supplements providing about 250-300 calories and 10-12 grams of good quality protein per day. In all 2.8 million pre-school children will be so fed during the Fourth Five Year Plan.

There are certain direct programmes which are of long term nature but with lasting and permanent benefits. The following such programmes are also being implemented with vigour :

(a) Nutrition education of the people including mass communication campaign : It is an accepted fact that man, by instinct, will not always choose the right type of food for maintaining optimum health. Food habit is very strongly influenced by social status, religion, superstitions, culture practices, etc., especially in the feeding of infants and pre-school age children, the dietary habits are very greatly influenced by this factor. It is, therefore, essential to teach the mothers the importance of nutrition is the maintenance of health and growth and also to make them realise that nature has given them a large assortment of cheap nutritious foods which can be suitably utilized. Nutrition education has, therefore, been made a very strong component of the Applied Nutrition Programme, especially through 'mahila mandals', schools and other voluntary organisations. Nutrition education has also been made an essential part of the health services, especially the primary health centres where the mothers are motivated to learn about themselves and their children.

Recently greater efforts are being made in the field of mass commu-

nication in Nutrition. The Ministry of Health of the Government of India in collaboration with the Films Division of India, are in the process of preparing 10 short films on Nutrition which will be dubbed in 13 regional languages and put in the national circuit so that every cinema goer in the country in any part will be exposed to these films and would get an idea about the importance of nutrition in the maintenance of health. In addition to this, an organization of the Food Industry in the country known as the Protein Food Association of India has prepared a documentary films on the importance of nutrition which will again be released throughout the country. Steps are being taken also to review the importance of mass communication in nutrition and to evolve suitable and uniform methods for a mass campaign in this direction.

(b) Increased production of nutritious food at the home level in conjunction with suitable nutrition education e.g. Applied Nutrition Programme. This is possibly the only comprehensive nutrition programme evolved in recent years and can be really described as the grass-root programme. It is known to everyone that the Applied Nutrition Programme is now being evaluated and it is expected that the evaluation report would highlight the definite benefit that has been obtained through this national comprehensive programme.

(c) Production of cheap nutritious processed food both by the Government and the private sector utilizing the technological advances in the use of non-conventional food and making the existing acceptable foods more nutritious. Intensive efforts are being made by all to utilize these non-conventional sources which are in abundance in this country. During the Fourth Five Year Plan funds have been allocated liberally for the production of cheap nutritious foods, utilizing good quality protein from groundnut, cotton and soya-bean cakes and other sources like the leaves and the petroleum. Already, the Department of Food of the Government of India has been manufacturing nutritious food known as 'Balahar' which is being extensively used through the school feeding programme and is also going to be used possibly for the pre-school feeding programme. The private food industries have been using protein isolates from these sources for the production of nutritious biscuits, candies and beverages. In the Fourth Five Year Plan there are programmes also for the enrichment of commonly accepted foods like 'atta' with groundnut flour, minerals and vitamins. A pilot project of this nature has already been implemented at Bombay and will be very shortly implemented in Delhi and Calcutta. Intensive efforts are also being made to fortify common salt with calcium and, if possible, with iron. These are the measures which in the long run will very significantly improve the nutritional standards of all including especially those of the vulnerable segments.

(d) Nutrition training of personnel who have to man nutrition pro-

grammes. It is a fact that in many parts of the world adequate nutrition programmes cannot be implemented due to shortage of trained personnel. Nutrition training is, therefore, of very great importance. During the last few years very great advance has been made in this direction especially in the training of personnel at all levels, beginning with the village level workers and going upto the State Nutrition Officers' level. Applied Nutrition Programme has been responsible to a very large extent for this excellent achievement. During the Fourth Five Year Plan, a great emphasis is being laid on the high level nutrition training of agricultural and veterinary scientists and home scientists in the field of human nutrition. Already the Indian Council of Agricultural Research in collaboration with the UNICEF has started the orientation course for such personnel as different centres in the country. In the near future, the agricultural universities in the country will create chairs in the subject of human nutrition and will also include it in the elective subjects. The Home Science Colleges in India have made very creditable advances in this direction by training large number of home scientists starting from the graduate level to the doctorate level. It is a matter of great satisfaction that these home scientists trained in nutrition are playing a very active part in the implementation of nutrition programmes at all levels.

(e) Research in nutrition food science and food technology which will be the basis for their future application for the benefit of common man : Without research in science technology, no advance can be made in the field of application. India is proud to have two outstanding Institutes—the National Institutes of Nutrition and the Central Food Technological Research Institute. In addition to these institutes, intensive research and investigations are being done in several universities, research institutes, home science colleges and in the agricultural universities. The two prophylaxis programmes developed by the Ministry of Health during this Plan period were evolved in this country as a result of intensive efforts in nutrition research.

#### **Indirect measures**

The indirect measures are measures which are not directly of nutritional nature but in the long run will improve the nutritional standards of the people either directly or mostly indirectly, thereby improving those of pre-school children also. The important indirect programmes are :

(a) Production of more foods not only the food-grain but also legumes viz. foods, vegetables, etc. : The production of animal food is always uneconomical in a country where calorie shortage exists. It is, therefore, not possible to have adequate amount of animal protein for all in the country in the foreseeable future. Naturally reliance has to be on vegetable foods those containing proteins. The first objective, however, will be to produce sufficient amount of cereals and adequate amount of

pulses. In recent years, we have witnessed a dangerous trend in the lowering of the production of legumes and a reduction in the per capita availability of this important protein rich food. It is a matter of gratification that the Department of Agriculture in the Government of India has given the highest of emphasis on the production of legumes in much larger amount. Similarly, very great emphasis is being given during the Fourth Five Year Plan for increasing the production of fish, eggs and milk and other dairy products,

(b) Population control : Without a proper control of population, the increased food produced would be utilized for feeding the increased population at the same sub-standard rate. The efforts of the Government can be regarded as an effort to strike a balance between human and soil fertility. The country during the last few years has witnessed a spectacular increase in the foodgrain production but unfortunately due to the rapid increase in the population, the per-capita availability of foodgrain has remained almost stationary with a very slight increase. The same trend has been noticeable in almost all other items of food stuff. It is, therefore, essential to realize the family planning programme as the most powerful nutrition programme that can be evolved by any country.

(c) Improvement in the economic standard of the people to have better purchasing power : It has been observed in recent years that the increased production of food goes for the benefit of the upper strata, supplying more and more nutrition and ultimately causing malnutrition in the form of obesity whereas the lower economic strata remains at the same sub-standard level due to the extremely low purchasing power. Until and unless an efficient and equitable distribution machinery is evolved, not much benefit would be produced in the country by increased food production if the existing disparity in economic condition of the population remains.

(d) Immunization coverage : It has been conclusively shown that malnutrition and infection are inter-related. Until and unless infection in children is under control, no amount of nutritional improvement is possible by supplying increased nutrients. As such, immunization programme against the common infectious diseases can also be regarded as a nutrition programme. It is again a matter of great satisfaction that the Ministry of Health and Family Planning of the Government of India has implemented a nationwide programme for the immunization of children against infectious diseases like smallpox, tetanus, diphtheria, polio, whooping cough, etc. For many of the diseases, the entire cost of the immunization would be borne by the Government. Under the same category would come any programme for the improvement of better environmental facilities including the supply of safe water, since water-borne infection is the commonest cause of infection in this country.

## EDUCATIONAL NEEDS OF THE PRE-SCHOOL CHILD

PAULE REGNIER

### SUMMERY

#### Introduction

To justify the position of a French Inspector of pre-school establishments, she must define the needs of a child in this seminar which attempts particularly to find solution to the problems facing those involved with the Indian pre-school child.

(a) —the consistency of physical, physiologic and psychologic data of human beings—whatever his ethnic origin.

(b) —the consistency of factors modify or direct the physical development and the psychic potentialities of the individual.

(c) —the “collective” human consciousness in relation to the development and the increasing rapidity of transmitting ideas.

(d) —the subsequent necessity for all those who have sufficiently extensive experience to make a contribution to the improvement of living conditions in those countries where staying alive is still difficult. Under these circumstances : specialisation, which constitutes in France the inspection of pre-school establishments (nursery schools) and the expansion of this speciality, based on the various experiences in Africa and North America.

Preliminary question : What does one understand by “pre-school years”? Choice of a definition. The needs of the pre-school period are numerous, in addition, these have been the object of various studies (by physician, psychologists, educators, etc.). To attempt to discuss all of these would be hopeless within the framework of this presentation. We are forced to make a choice and we shall separate it out :

(a) —*the fundamental needs*, that is to say those which afford the best chances for life or for survival regardless of the environment.

(b) —*the needs of the young child in a world in continuous evolution*, a world which must seek integration if it wishes to give meaning to the words “to give birth life to” and make these words synonymous with the phrase “to give life to”. Later, we shall see whether these needs are fulfilled or left unfulfilled by the various existing pre-school educational facilities,

particularly in those countries where the living standard is low. This evaluation attempt having been made, it will then be possible to suggest improvements or solutions to unsolved problems.

### **The educational needs of pre-school child**

#### **(A) Fundamental needs**

- (1) Physical and psychologic needs :
  - nutritional, relation between physiologic nutrition and "emotional nutrition".
  - health needs.
  - psycho-motor and developmental needs.
- (2) Psychologic needs :
  - educational guidance of emotional life : the need for security (how it may be satisfied in different societies) the positive emotions, the role of *happiness*.
  - intellectual education : its relationship to emotion and its effect on the child's ability to express himself,—on his thinking, the inseparabilities which go hand and hand with their activities their enquiries and their interests.

#### **(B) The needs of the young child in an evolving world**

- (1) The need for bursting forth from his natural defences
  - character training on :
  - the early awakening of his critical sense and the dangers which follow a break with existing traditions.
  - the preparation for acquiring knowledge which is often raised (subsequent necessity for early learning) *how* to learn, rather than "*what*" to learn.
- (2) A broadening of socialisation : the deficiencies of closed societal groups in the world of to-day.

### **Facilities for the young child**

- (1) A short description of institutions : social infant nurseries, day care centres, kindergarten, nursery schools, children's play groups.
- (2) Similarities and differences between these organisations.
- (3) Their inadequacies in meeting the educational need of young children in the poorer countries :
  - insufficient facilities : the possibilities of providing facilities for larger numbers of the population (for example, day care centres in Casamance, Senegal.)
  - Qualitative deficiencies; necessity for *modifying current thinking*.
  - simultaneous education of children and their families : inspiration and stimulation of the community plus raising general educational levels :

—the creation not only of new ways of thinking, but new *needs* in such fields as physical and mental health.

—the importance of the choice of educational procedures (the subjects to emphasize, the importance of self expression and creative activities...)

—the importance of methodology (methods based on participation and observation and methods based on "discovery").

—the importance of personnel training which will be discussed later.

### **Conclusion**

In satisfying the educational needs of pre-school child, his health is indissociably linked with his so-called education.

The education of the small child requires the concerted and integrated efforts of all concerned : the families, the educators, the physicians, the social workers... It requires *also active* participation of the child himself since the child is the nucleus of his own education.

The interaction of individuals in this educational process implies a continuous refreshing of pedagogic knowledge and also of sociologic and psychologic advances—concerning, for example, interpersonal and mass approaches.

All those involved in working directly with the child should therefore be well-trained educators, hence the importance of good selection and training of these educators.

Education of the young child is not different from the education of the human being regardless of his age. It should not be considered separately since it represents, but a special part of the whole, which is fundamentally different. In fact, it is however the first assumption which prevails—whence the distribution and waste of human forces and material.

In conclusion, to bring a maximum of efforts and interest to pre-school education and to integrate completely into the total educational system is more a matter of choice than of budgetary limitations.

## **PRE-SCHOOL EDUCATION : WHAT IT SHOULD GIVE**

**DR. RAJALAKSHMI MURALIDHARAN**

Pre-school years are crucial from the point of view of child development. Development in early years is very rapid and environment creates deepest impact on the individual when his development is at its fastest. Similarly the consequences of deprivation are also much greater in the first five years than what they could be if it happened in later years. Research results show that 50% of the total intellectual development of the child is completed by the time he is four years old (Bloom). Surveys of Indian Council of Medical Research reveal that 30 to 40% of children in India in the age group 1 to 5 years suffer from some form of protein caloric malnutrition (Phadke). In a recent study, Werner and Muralidharan found significant differences in head circumference and growth rate, I. Q. and visual motor development between adequately nourished nursery school children of New Delhi. More and more research evidences are available to confirm that malnutrition in early childhood can cause lasting and irreparable damage to the development of the child, physical, motor and intellectual (Scrimshaw and Gordon). Pre-school years are also crucial for developing proper values and attitudes in children. The foundations of scientific attitude and proper values such as hard work, national sentiment, etc. could be developed in children better if a beginning in this direction is made in early childhood. It is best learned when an individual is eager to learn and is least rigid. Experimental results thus prove the significance of pre-school years for healthy child development and point out the fact that careful nurturing is essential at this stage.

### **Significance of pre-school education in India**

The facts given above hold good for any country. But for a developing country like India, its significance gets multiplied. The bulk of India's population is at a disadvantage culturally and socio-economically. The majority of Indian parents are unable to give much of a stimulation to their children because of their own limitations. They are poor, and illiterate or semi-literate and as such, not able to contribute much to their children's physical, socio-emotional or cognitive development. Therefore compensatory education for these children appears to be essential if we want them to achieve well in later life.

But only a fraction of the total population of 3 to 5 years-olds in India get an opportunity to go to a pre-school. As such more than 90% of India's children go to the primary school at the age of 5 or 6 without having had any kind of preparation for schooling. Their vocabulary is limited, their concept formation is poor and they are not used to working in groups. Such children when they are suddenly faced with the rigid requirements of the primary schools begin to dislike school and consequently are found to either leave school altogether or repeat the classes. The wastage and stagnation are found to be at their worst in the early primary classes. The figures for classes I and II put together amount to about more than 60%. That is only 40% of the children who enter class I are able to reach class III without any break. Thus crores and crores of rupees that we now spend to provide universal and compulsory education do not give sufficient return as the children are found to be unable to take advantage of it. On the other hand, if we decide to divert part of the funds for the education of younger children and prepare them for future schooling, it may perhaps be possible to avoid this colossal wastage.

In a large scale study conducted by the National Council of Educational Research and Training on the Development of Children in the age group of 2½ to 5 years, it was found that rural children, who did not have the opportunity to attend a pre-school, were far behind in their developmental level when compared to urban nursery school-going children. They were particularly poor in number concept, in all paper pencil tests such as draw-a-man, incomplete man, copy of forms etc.; in tests involving seriation and comparison, in problem solving, in picture reading, in colour naming and in all other tasks related to school readiness. The urban nursery-school-going children on the other hand fared well in these tests and were as good or sometimes even better than their counter-parts in the developed countries (Muralidharan). These results reveal that compensatory education in pre-schools can go a long way in developing school readiness. It may not be possible to bridge the gap that is created between children on account of different degrees of home stimulation but compensatory education in pre-schools certainly does narrow the gap. This is found to be particularly true in aspects of development such as social and language development (Muralidharan).

Research evidences prove that given environmental stimulation through pre-school education, it is possible to give children a better start in life and thus give them a better chance of higher achievement in later life. It is on this basis that Head Start Projects in the USA were started. Under this project a large number of studies have been done, results of which show that the children who have undergone this programme have benefited a great deal, particularly in cognitive and social development. The results are contradictory in so far as the question of permanency of this advantage is concerned (Grotberg).

### **Objectives of Pre-school Education**

Having established the fact that pre-school years are crucial and that pre-school education facilitates child development, we may than go on to the crux of the paper which is the quality of pre-school education. What is the kind of pre-school education that we should give to our children or in other words what are the objectives of pre-school education for the children of India.

Pre-school aim at the total development of the child, physical-motor, socio-emotional and cognitive. For the sake of convenience, it could be split into different aspects. The objectives as drawn-up by the National Council of Educational Research and Training and later approved and incorporated in the Report on the Kothari Education Commission are :

1. To develop in the child a good physique, adequate muscular co-ordination and basic motor skills ;
2. To develop in the child good health habits and to build up basic skils necessary for personal adjustment, such as dressing, toilet habits, eating, washing, cleaning, etc. ;
3. To develop desirable social attitudes and manners; and to encourage healthy group participation and making the child sensitive to the rights and privileges of others ;
4. To develop emotional maturity by guiding the child to express, understand, accept and control his feeling and emotions ;
5. To encourage aesthetic appreciation ;
6. To stimulate intellectual curiosity and to help him understand the world in which he lives and to foster new interests through giving opportunities to explore, investigate and experiment ;
7. To encourage independence and creativity by providing the child with sufficient opportunities for self-expression ; and
8. To develop the child's ability to express his thoughts and feelings in fluent, correct and clear speech.

The curriculum for the pre-schools should be developed in such a way that if fulfils these objectives. It will of course be beyond the scope of this paper to spell out the entire curriculum from the pre-schools. But it may perhaps be useful to give some hints as to how it may be done.

A pre-schooler need lots of opportunities to develop his muscular co-ordination. Activities such as climbing, swinging, running, etc. occupy an important place in pre-school curriculum not only because these activities help him to develop the required large muscle co-ordination but also because it gives him a great deal of joy. Similarly activities like threading the beads, cutting, tearing, pasting, drawing, etc., help him to develop his finer muscle co-ordination. This in turns helps him

to wield the paper and pencil when he goes to the regular school.

Habits of health and hygiene can be developed from early years. Habits such as washing hands before eating, brushing the teeth regularly, bathing, keeping one's clothes clean, keeping the surroundings neat, etc. can be inculcated in children through activities such as story telling, puppetry, free conversation, etc. Similarly desirable social attitudes and manners are also develop at the pre-school stage. Taking turns to play with toys, sharing play materials or food with other children, respect for school property as well as for his own, conforming to the demands of the group, etc., are learned by children in the pre-school through various kinds of activities. For instance the children very soon learn that the school cannot maintain sets of toys and equipment for every child, if they want to play, they have to share them ; that each one has to wait for his turn and cannot rush for the same toys or eqnipment at the same time. By proper and careful handling on the part of the teacher, children gradually gain better emotional control; they are able to take 'No' and learn to work according to the demands of the group.

Cognitive development is another area on which the pre-school curriculum should place a lot of emphasis. This is particularly true for children from the developing countries. Opportunities for development of language and concepts are crucial for these children as many of them come from homes where exposure to language is minimal. These children first of all get very little opportunity to use and to listen to language and secondly the language model to which they are exposed is most often faulty. Such children when they start regular schooling are found to have very limited vocabulary; their spoken language itself is faulty; they are not able to discriminate between the various sounds; and their speech is very often not clear. Children from such homes need plenty of exercise in speaking. The pre-school teacher should avail of every possible opportunity to get the children to talk or to listen to good language. Activities such as free conversation, dramatisation, story telling, puppetry, picture book reading, etc., are of immense importance in the pre-schools. These language experiences not only improve the child's language but also help him to develop concepts. By drawing up the pre-school curriculum carefully it is possible to give various opportunities to children for the development of concepts. Concepts of form, number, etc., need to be developed in children before they enter primary school. Games such as 'Pick out the round shaped objects in the class-room, etc.,' help the children to understand what is round and what is rectangular. Similarly games can be played to strengthen the pre-number concepts in children such as many-few, long-short, beginning-middle-end, thick-thin etc. Colour concepts can be developed in children through games involving matching, identification, naming, etc. The NCERT study shows that the rural children are far behind in colour concepts in spite of the fact that colour is

all around the rural children. It must be only because the adults had not taken the trouble to point out to children what is blue or what is yellow. Pre-school curriculum, therefore, should involve a large variety of experiences which help the child in his concept formation.

The numerous experiments of Piaget, the well-known developmental psychologist, have shown that development is sequential in nature and that, though it appears to be not too fruitful to train the child in specific concepts, yet it is possible to help the child in his development from one stage to the next by giving him a wide variety of simple experiences at a level at which he can understand. But what children from deprived homes lack is this richness in experience. Through activities such as identification, matching and seriation, children are to be encouraged to discover for themselves similarities and differences and to classify the stimuli accordingly. The disadvantaged children need a more structured curriculum which is geared to bridge the gaps in their day to day life. However, it does not mean that it should go to the extent of complete drilling as advocated by Beireiter and Englemann. What is required is to take into account the child's needs and his assets and deficits and to work out a curriculum which should help him to give a head start in life. It is, however, important that the pre-school programme is developed around the child's environment so that it becomes meaningful to the child. It should aim at arousing the child's interest in his environment and should lead to awaking his curiosity to know more about it.

At times such a programme may come into conflict with what is traditionally accepted in the society. For instance, a programme of encouraging the child to think, question, reason and then arrive at a conclusion on his own may go against the time-honoured authoritarian child-rearing practices that are used in the homes. In India obedience is a value that almost every adult tries to inculcate in his child. Reasoning or arguing with an adult is frowned upon by the Society. Under such circumstances, parent education programme becomes essential for the success of the pre-school programme. Pre-schools, however efficient they are, cannot stimulate the children adequately unless they work in close collaboration with parents. The parents should know what the objectives of pre-school education are, how the school aims to fulfill these objectives and what role the parents can play in helping the school to achieve the objectives. Pre-school in countries like India are required not only to guide the children but also to educate the parents. In fact many a rural development programme can be built round the pre-schools so that these programmes become vital and meaningful to the parents.

#### **Present Status of Pre-school Education in India**

After twenty-three years of independence what we have achieved today is to develop in parents a felt need for pre-school education. No matter whether they are rural or urban, the majority of parents now want

for their children in the age group of 3 to 5, some kind of organized education. They may call it by any name, Montessori school, nursery school, balwadis, etc.; their motives in sending their children may differ: it may be a question of prestige, it may be because it gives the mother a little leisure, or because it takes care of the child while the mother is away that work or it may be because of a genuine concern for the development of the child. But what matters is that parents are now aware of the need for pre-school education. Yet it is disappointing that the facilities are so limited that only very few of them can take advantage of it.

### **Problems in Pre-school Education in India Today**

As stated earlier, the major problem in pre-school education today is that it reaches only a fraction of our children, mainly due to meagre financial allocation from the government. In the context of the present economic conditions it is not reasonable to expect a larger allocation in the near future. So it is necessary to find out ways and means by which pre-school education can be made available on a larger scale without causing a great financial strain on the state exchequer. This will be taken up a little later in the paper.

We have also trouble with the existing system of pre-school education. Roughly speaking, we may divide the present day pre-schools into two types. The first type is nothing but a downward extension of a primary school where children sit in rows and learn to read and write and count. The second type is a child-care-centre where children are washed, dressed, fed, are made to sit neatly in rows and made to sing or listen to stories. Both as one can see, do not fulfill the objectives of pre-school education. Pre-school need an educationally oriented curriculum which aims at the total development of the child and plans out an interesting and attractive programme which enriches the child's experience and accelerates his development. It is essential that at this stage one takes a firm stand that pre-school education is certainly not just custodial care; neither does it aim at teaching the three R.'s. In countries like India pre-school education gets bracketed with social welfare and pre-school programmes are planned and implemented by those who do not have the required technical know-how of the principles of pre-school education. It is a dangerous step because in the context of the tight economic conditions of the developing countries it is highly necessary to spend the meagre allocation in the most fruitful way. Planning adequately challenging programmes for the pre-schoolers should be left to specialists in child development and pre-school education, who should elicit maximum returns out of the minimum that is invested. This should go a long way in ensuring that programmes implemented are the best that can be given to children in the present economic conditions.

Another hurdle is perhaps purely urban in nature. The elementary schools, particularly in the urban areas, expect the youngsters to master

the basic skills of reading, writing and counting when they enter class I. They do not consider it important to see if the child has developed independence and self-confidence, if he is creative or if he has developed clear concepts. Such an attitude on the part of the elementary schools poses a problem for the pre-school teachers who are then forced to teach three R.'s in the pre-school itself. The educators at pre-school and elementary school levels should be able to tidy over this bottleneck through discussions, by getting the teachers at both stages to know more about the other stage of education and thereby helping the teachers to plan a programme which ensures a smooth transition from the pre-school to the elementary stage of education.

Thus we have problems both with the quantity and the quality of pre-school education. On the one hand, it is necessary to start more pre-schools so that more children can benefit and, on the other, it is required to scrutinize the existing programmes in order to improve them and make them more challenging. Both deserve equal attention.

#### **Ways and means to increase Facilities in Pre-school Education**

Considering how crucial the pre-school years are one cannot doubt the immediate need for expansion of pre-school education facilities. But the problem is one of finding the required resources. It is certainly a hurdle but not one which cannot be surmounted. Some Governmental allocation of course will have to be diverted in this direction but it need not be a stupendous amount. Ways and means could be thought of in using inexpensive methods of pre-school education. Some of these may be :

1. to involve the community in the endeavour and enlist their support in cash or kind for this movement.
2. to devise play equipments out of indigenous materials which are easily available in the rural areas.
3. to train local women through short term courses for teaching the children whenever trained teachers are not available.

In this connection the experiments of the States of Tamil Nadu, Maharashtra and Rajasthan and the individual experiment of Tarabai Modak, Shalini Moghe, Meena Swaminathan, Meera Mahadevan, etc., need special mention. Tamil Nadu has successfully experimented with training local women as pre-school teachers. The States of Maharashtra and Rajasthan are trying out the experiment of getting the teachers of class I to run programmes for pre-school children as well. Tarabai Modak made pre-school education available to tribal children by running programmes that serve their specific needs. Meena Swaminathan is experimenting with organizing community pre-schools supported by the community. Meera Mahadevan is working hard to get the contractors of huge construction projects to provide for the education of the labourers'

children. Shalini Moghe is experimenting with the programme of decreasing the gap between urban and rural children by arranging mutual visits, by organizing programmes for each other, etc.

Recent experiments in other countries have shown that television could be a very effective medium for pre-school education. In view of the proposed satellite TV, it should have significant implications for expanding pre-school education facilities in the country. At this stage it appears important to set up a small cell which should plan and prepare adequate TV programmes for young children which may be used when TV becomes freely available.

In view of the present problem of inadequate number of trained teachers, particularly in the rural areas, one may plan mobile nursery schools. A fully equipped van with one trained teacher may go and work in two or three villages for one or two hours and thus make pre-school education more accessible for larger number of children.

Thus there are ways and means of expanding facilities for pre-school education. One should not be under the misconception that it is exorbitantly expensive. What is important are careful programme-planning and adequate teacher preparation, so that whatever schemes are undertaken in the field are operatively effective and advantageous to children. If not, it leads to a great deal of wastage. Much of this wastage can be avoided if professional assistance is taken right from the programme planning stage up to the stage of implementation.

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## SOCIO-COGNITIVE AND COGNITIVE DEVELOPMENT

### INDIA

This paper presents an analysis of the cognitive development of Indian children. The analysis is based on the socio-cultural context of Indian society and explores the relationship between cognitive development and achievement motivation. The study is conducted among Indian children aged 3 to 6 years, drawn from various socio-economic backgrounds. The results show that Indian children exhibit significant cognitive development, particularly in the areas of language, problem-solving, and memory. They also show a strong interest in learning and a desire to explore their environment. The study highlights the importance of socio-cultural factors in shaping cognitive development in Indian children. The findings suggest that cognitive development is influenced by factors such as family background, education, and social environment. The study also suggests that cognitive development is a complex process, involving multiple domains of cognition, and requires a holistic approach to understanding its development. The study concludes that cognitive development is a critical aspect of child development and should be given due attention in educational and developmental programs.

## SOCIO-EMOTIONAL AND COGNITIVE DEVELOPMENT

INDIRA MALANI

A variety of pre-school programmes are in existence today and are rooted in various psychological and educational theories. The major controversy centers around the emphasis on socio-emotional development versus cognitive development. At the turn of this century, Freud's work highlighted the importance of early years in personality development as a result of which child-rearing practices evidenced considerable change. Freudian theory, translated to educational practices, particularly in the pre-schools, concerned itself primarily with the children's social and emotional development. Accordingly, children were encouraged to delve in self-initiated activities where they could work out their love, hostility, anxiety, aggression, sympathy and jealousy supported by fantasy and defensive measures in a warm and permissive atmosphere. Learning to interact with people and acquire socially desirable behaviours was considered extremely important. Although the psychoanalysts hold the view that spontaneous activities and play do not solely reflect emotional needs but also indicate a child's developing intellectual competence the progressive nursery schools chose to remain pre-occupied with emotional and social aspects of development at the cost of intellectual connotations, lulled into the belief that children learn through play. The proponents of this viewpoint did not concern themselves with the question as to what kind of learning takes place and at what level as a result of exposure to a variety of free situation? At the same time when Freudian theory brought into focus the importance of socio-emotional experiences, Maria Montessori emerged on the educational scene as a champion of the rights of the individual child but with a different emphasis. She advocated that a child has a natural urge to acquire knowledge and understanding of his physical surroundings and he should be helped to systematize and organize his knowledge through sense training in isolation through systematically graduated steps.

Till the fifties, by and large, all the pre-school programmes could be fitted into this broad continuum ranging from accent on free activities and expression on the one hand, to structured activities on the other.

The picture in the sixties is very different. The researches of Jean Piaget, Benjamin Bloom, Jerome Bruner and J. Mc. V. Hunt made a great impact on educational theory and practice and added new dimensions to

early childhood education. The common denominator of all these studies is that much of a child's performance is going to be shaped by the quality of his interaction with the environment. Specific ability levels are not determined genetically; genetic constitution sets the range of mental ability influenced by numerous factors, particularly the kind and variety of experience.

These researches gave impetus to numerous pre-school intervention programmes which resulted in a concentrated attempt to define issues and the objectives of different programmes centred around school achievement, development of intelligence, dimension of structuring, and transformation of relationship between potential ability and actual performance. A wide range of class-room practices have been developed and studies during the last decade with emphasis on either the socio-emotional component or the cognitive component. The advocates of the former are convinced that exposure to pleasant wholesome experiences encompassing different aspects of life viz., emotions, social-relationship, immediate environment, fantasy and imagination along with varied action, fosters healthy overall development. The highpriests of the cognitive approach hold that children have an inborn urge to learn and come to grips with their environment. Pre-school programmes should capitalize on the child's natural urge to learn. This is based on the belief that a child has a much better chance of growing into a self confident adult and being emotionally healthy if he is given adequate opportunities to grow intellectually. The earliest years are the most sensitive years when a child learns naturally and with ease and these should be used to help him forge ahead in his discovery of the world around and in acquiring an understanding of different relationships, deriving rules and making logical inferences.

It is interesting to note that comparative studies of different pre-school programmes indicate that differences in the performances of children exposed to different curricula are not worth the name. Exposure to stimulating experiences is the crux of the problem. Moreover most of the studies comparing different programmes are subject to so many limitations that it makes one wonder how meaningful is it to pursue this matter at the present juncture when most of our children are not receiving adequate stimulation. Pre-school programmes for our children need to be developed keeping in mind the importance of different aspects of development with special emphasis on the cognitive component in view of the fact that the years before six are crucial for intellectual development.

In our country pre-school education programmes are mainly of three types—Montessori, Froebelian and progressive. Many programmes are ecclectical in nature and a combination of these three. A downward extension of programmes in grades I & II is not uncommon either. Our

educationists, psychologists, child development specialists and early childhood educators have yet to make a genuine attempt to define issues and objectives of pre-school programmes in relation to immediate and long range physical, socio-emotional, motivational, cognitive and educational needs of our children. As pre-school education is not a state subject and programmes have emerged as a result of efforts of voluntary agencies, the approach is mainly welfare oriented. Our programmes do not take into account the fact the pre-school years are the period of most rapid growth for all aspects of development. In this context I would like to quote the classic study "Stability and Change in Human Characteristics" by Benjamin Bloom. In an effort to determine how and when individual characteristics develop, the time and conditions under which they can be most effectively altered and the environmental characteristics that stimulate or retard development, Professor Bloom surveyed and analysed most of the longitudinal studies of human growth. He was primarily interested in characteristics which are relatively stable such as intelligence, attitudes and personality, physical characteristics and school achievement.

These findings have special relevance to development of intelligence and academic achievement. One of his conclusions was that fifty percent of total growth of human intelligence takes place between the ages of zero to four years, thirty per cent occurs between four to eight, and the remaining twenty per cent takes place between eight and seventeen, when for all practical purposes the development of intelligence is complete. This implies that half of a child's growth in intelligence takes place before the school ever sees him and eighty per cent by the time he is through grade II.

For school achievement, the conclusions of Bloom are no less significant for the early years. Results on vocabulary development, reading comprehension and general achievement indicate that by age six a child attains one third of the general achievement pattern that will be developed by age eighteen; fifty per cent by age nine and seventy-five per cent by thirteen years.

The most salient feature of Bloom's findings is that environment has the maximum effect on a characteristic during the period of its most rapid development and least effect during the period of slower development, and at later stages in development of characteristics, only very powerful and consistent environments have the chance of producing changes in both individuals as well as groups.

The conclusions of Bloom's study magnify the importance of pre-school years in the growth and development and other characteristics. In the context of staggering wastage and stagnation occurring in grades I & II it is all the more imperative that pre-school programmes be developed in a meaningful manner to foster development of different skills

which determine to a considerable extent whether or not a child has a reasonable chance of succeeding at school. During pre-school years human feeling and learning both should be taken into account while developing programmes for pre-schoolers and learning should be viewed both as an emotional and intellectual experience.

Pre-school education has not been brought within the fold of our public school system on the plea that resources are not available for this purpose. Moreover, the existing pre-school programmes are either conducted indifferently by most private and official agencies and are limited to providing custodial care, or are treated as extensions of primary school programmes. In view of the vital importance of early years and the fact that the vast majority of our children are deprived, it is imperative that compensatory programmes be developed to meet the basic needs of children which are not being met in the homes. This battle has to be won on the fronts of health, nutrition, motivation, behaviour and intellectual development. If we accept the challenge of improving the quality of life of our teeming millions we cannot afford to ignore the needs of children during the pre-school years. As things stand, we are not taking care of both the socio-emotional and cognitive needs of our children due to lack of awareness on the part of parents, teachers and administrators. We do not have adequate programmes for parent education. Our teacher training programmes need to be looked into. Our mass media resources have to be mobilized for bringing about an awareness in the community regarding the urgency of this issue. Our educational planners and economists have yet to understand the vital stakes involved in this. Priority has to be given to this matter and it should be possible to weave in programmes for adequately meeting the socio-emotional and cognitive needs of children with health, hygiene and nutrition programmes by bringing about an awareness of its importance. Pre-school centres could become instrumental in training para-professionals and parents.

In this context let us take the example of play. Psycho-analysts, psychologists with a cognitive orientation and organismic developmental bias are all agreed about the importance of play for a child's balanced development. However, most of our homes and a large number of preschools fail to provide opportunities and encouragement to the child to play. Even densely populated neighbourhoods do not have open spaces or community centres where children have adequate opportunities to play. This is a serious lag.

Our policy regarding pre-school children is welfare oriented. Without undermining the importance of welfare programmes, it should be possible to incorporate certain ideas in the existing programmes that would take care of the motivational, social and cognitive aspects of development. This would mean reorganising programmes for personnel in child welfare programmes and removing the barriers between depart-

ments of social welfare, health and education. Financial allocations need to be reviewed in terms of the importance of pre-school years based on the understanding that damage done in the early years is irreversible. So far, we have failed to capitalize on the inherent concern every parent has for his child. This natural concern needs to be channelized so that the parent is willing and eager to take advantage of the facilities available and is helped to snap out of his tradition-bound child rearing methods.

The following measures are suggested for providing adequate opportunities to the pre-school child for adequate socio-emotional and cognitive growth :

1. Programmes for educating parents so that they understand the importance of early years and provide suitable experiences to their children within the available resources, should be developed. A beginning could be made by concentrating on two aspects—play and language development. Mass media resources could be harnessed for this purpose. Social workers may be employed to supplement these programmes and give demonstrations to the mothers.

2. In teacher training programmes it is desirable to incorporate the concept of an integrated approach to child development.

3. In programmes for teacher-educators the principles of Freudian theory and Piaget's developmental psychology need to be incorporated for providing an understanding of the basic issues involved.

4. All along, equipment for play centres, balwadis and pre-schools has been provided on the assumption that it is enough to provide opportunities to children to do things and manipulate his physical environment. This is reflected in the equipment used for three, four and five year olds which is more or less the same for different age groups. The various components of physical knowledge, social knowledge and knowledge of logico-mathematical relationships need to be built into the equipment provided to young children. It is not being suggested that equipment needs to be elaborate and expensive. Simple indigenous material and nature materials should do. However, it is very important to relate goals, and experiences to be provided with the help of educational aids, for this purpose. It is also desirable to study the preferences of children for specific equipment and the factors affecting the same. This seminar may like to consider the possibility of recommending that research studies be conducted for this purpose by Departments of Child Development, Education, and Home Science and agencies like the Indian Council of Social Science Research (ICSSR) and National Council of Educational Research and Training (NCERT).

5. Pre-school programmes need to be overhauled so that these are not confined to providing a warm and facilitating emotional climate.

Ample opportunities for problem solving should be provided so that children acquire the necessary information processing strategies. The accent should be on processes, rather than the product. The processes of matching, identification, naming and seriation should be developed initially in relation to the concepts of size, shape, colour and number so that this may result in broader generalization.

6. The possibility of instituting a brother-sister programme may be considered in this context. If teen-agers in the community could be employed on remuneration for supervising the play of children and for doing things with the youngsters, this may perhaps result in awareness within the community of the needs of our young in addition to channelizing the energies of our youth in a positive direction.

7. Teacher training programmes both for the teacher educator and the teacher should aim at helping trainees develop a positive self-concept and professional identity. Only a teacher who has a positive self-concept will be able to provide an environment where a child will feel happy and secure so that socio-emotional growth takes place along the right lines. Socio-emotional growth has a cognitive component as well. Both these aspects of development need to be woven while developing pre-school programmes; the effectiveness of this will depend to a considerable extent upon the emotional maturity of the teacher.

## STATEMENT\*

A. M. JOOSTAN

Madam Chairman, Ladies and Gentlemen,

The International Education Year coincides as most of you must be knowing with the centenary year of the birth of Dr. Maria Montessori. This coincidence has been celebrated all over the world by means of international, national and regional conferences and seminars by various authorities. A few months ago I was connected with the Unesco also and I was invited to say a few words at a Centenary gathering on Dr. Maria Montessori whom we all know was a pioneer in the cause that has brought us all together here in this place and I may say the embodiment of the wish expressed repeatedly during this morning that we should give an integrated approach not to the problem of the pre-school child only but man in the course of fundamental development as we would like to call it. She pleaded for this integrated approach because we also know she was a physician, an anthropologist, a psychologist, a psychiatrist and ofcourse also an educator. We can learn from this personal integration in order to make it the foundation, the cornerstone for our collective integration which is the major point to be discussed in this Seminar.

Dr. Maria Montessori's whole life had been dedicated to and spent in demonstrating and aiding the revelation of the child's marvellous powers of self-construction, to the building of a better and more human and more humane world and also to peace and harmony between men and the world they live in and with. The method of education she had helped came into being, in response to the revelations of the child's—and therefore of man's—hidden nature and developmental needs, was only an instrument of the Social Movement that grew around the child. It proclaims the cause of the child as a forgotten citizen. It stresses the fatality with which the adult world condemns to failure its efforts to live a truly human life, individually and socially, as long as it continues to ignore the fundamental contribution which the larger part of mankind—precisely childhood—not only can but must and is meant to make to them. How often did she not compare those efforts to the frantic search for means to realize a supremely urgent, even desperately needed enterprise by someone who confines this search to the surface of the earth while

\* Verbatim.

actually he walks over inexhaustible wealth hidden below the very ground he treads. This is still largely the situation of adult society tapping its own resources only and passing by those hidden in childhood. Yet childhood is the origin of its being, its riches and limitations, its ideals and illusions, its vision of lofty goals and aimless wandering and straying in directions that lead him away from them or makes him use means contradicting his noble ends.

Dr. Maria Montessori, born in 1870 lived and worked in an era that could well be called the era of emancipation. She did not merely live in it, she was actively associated with it. Her life coincided with the battles for the emancipation of women and of labour (both movements counted her among their militant members). It was she, however, who raised the banner of the emancipation of Man-the-Child. She called it the last but also greatest of all social questions, numerically greatest because not confined to one particular group of human beings but to all as all men begin their lives as children—vitally greatest because during childhood all men become what they will be during the rest of their life. Should we not remember what she wrote in her book 'The formation of Man' which can be considered as her spiritual testament? There she defines her method as "Help given in order that the human personality may achieve its independence" and also "Means offered to deliver the human personality from the oppression of age-old prejudices regarding education. The defence of the child, the scientific recognition of his nature, the social proclamation of his rights". The Social movement that bears her name works for this cause. The educational institutions that use her name (not as an advertisement, but as a programme they sincerely try to implement and serve) are places where the developing human personality (from birth until it reaches the threshold of adulthood) shows his liberated powers and the promises they hold in store and offer to mankind, to its survival and development.

This centenary year should help us realise the still much overlooked inner and vital connection between emancipation and education which Dr. Montessori's work has done so much to bring into evidence. Emancipation is generally understood as, and all too often limited to, the conferment of rights, and social, not even always, human status. Is it sufficiently realized that it is not enough, and may even be positively dangerous to simply to confer rights, whether on legal documents or in practice? How could this be? Contemporary experience and that of the past surely show it. It is not sufficient either to stress, as is done in and out of time, that rights have little constructive meaning unless the correspondent duties are assumed and honoured. The question is much more basic. Rights are a positive acquisition only, and their consequent duties can be shouldered and carried out only, if we possess the indispensable preparation. We must be able to exercise our rights and perform our duties constructively, for the common good.

This brings us back to the connection between emancipation and education. This preparation cannot be "received" by a professional or technical training, it can only be the active acquisition and fruit of personal formation : "The Formation of Man". When does it have to start ? Even before birth. When is its most formative period ? During the first six years of life. How long should it last ? Primarily until adulthood is reached, not in age but in maturity and psycho-physical reality, actually even thereafter until the very end of life. The UNESCO has proposed 'Lifelong education' as one of the main themes of this International Education Year. Dr. Maria Montessori was perhaps the first educationist to use this term, stress its essential importance and implement it practically. Her method is still today the only one which covers the whole of this lifelong development. Education according to her however is not synonymous with this formation as if man had to be formed. Education should recognise its function in rendering assistance to the human being who has to form himself and reach the fullness of his life not by being moulded in a shape proposed, much less imposed, from without, but by realizing the unique design embedded within him, offered to him within him, as a never repeated challenge and as an opportunity to make a unique contribution to society its enrichment and its growth.

One more point, however, remains to be mentioned and again there could be no better occasion to do so than this Centenary Celebration in honour of Maria Montessori. How can we possibly expect education to help the human personality prepare himself for the assumption of the self if, during his life of development, during childhood, he is denied his human rights ? If he is only forced to assume duties which are not even consonant with his human dignity, neither in substance nor in manner ?

To the removal of this basic contradiction Dr. Maria Montessori devoted her life. To the implementations of the practical consequences of this basic demand she offered her method. Thereby she distinguished herself as a fighter for the emancipation of not the child only, but of man himself. She did not only, nor so much, claim that he be given rights as that he be given assistance and opportunity to build up the personality and the ability to perform his deepest human duties which entitle him to exercise his human rights. That was the freedom she not only demanded for him, but helped him enjoy. Freedom as the counterpart of discipline, made possible by discipline, freedom not from rules and authority, but freedom to live according to the laws of human life and development, in obedience to the vital authority of life and its cosmic function.

Let us then honour her, today and hereafter, as a pioneer for human emancipation, not of one group or the other only, not from a

partial servitude only, but of all men from all that trammels and offends human dignity and that from the beginning of human life till its fulfilment and end, in the imperfect form it is lived here. Let us also realise that she "followed the child" and was helped and inspired by him to both reach and contribute to approach, this most realistic of ideals. Let us follow her in doing likewise. It will enrich and help the world we live in, built up and strive to develop. It will help ourselves, and pay real, active and constructive homage, not mere lip service, to this beautiful and inspiring human life of which we commemorate the beginning, now hundred years ago and acknowledge the continuation beyond the limits of death, still today.

## THE PRE-SCHOOL CHILD AND SOME OF HIS "DEVELOPMENTAL TASKS"\*

BABA D. VARADACHAR

Rapid social change and advancing automation compel us to do some re-thinking about our beliefs concerning India's pre-schoolers and about the goals of pre-school education. There is mounting evidence to show that at the national and local levels, very little of what is now known to be essential for the healthy and creative development of the pre-school child is actually put into practice.

Who is the pre-schooler? In identifying the pre-schooler, the criteria most frequently employed are chronological age and the act of school entry. These criteria do not tell the whole story and they sometimes tend to be misleading. It is equally important to think about the MATURATIONAL landmarks in the developmental cycle of the child. One needs to know, for example, the DEVELOPMENTAL AGE of the pre-schooler irrespective of his chronological age. Knowing the maturational and developmental status of the child will enable us to be more precise and merciful, before we subject the child to various enrichment programmes. I have seen in urban slums, villages and tribal areas, 4 to 5 year-olds routinely charged with adult-size tasks, not merely around homes but in shops, tea-stalls and construction sites. I have also seen, as many of you have, cases of older boys and girls exhibiting the mental age of a 3 year-old or the social development of a 5 year old. The ground-breaking researches in ethology and biology have clearly demonstrated that mere chronological age can be a misleading variable in separating the pre-schoolers from the schoolers.

### The "Developmental Tasks" of the Pre-School Child : The Cognitive Variables

Just because the priorities of the Indian pre-schoolers are health and nutrition, there is a general belief that a program of cognitive stimulation of the child should and can wait until the child is fully healthy and alert. This belief needs to be shelved. Observers of Indian children have noted that even among the most listless and undernourished

\* I am grateful to Shri J. P. Naik of the Indian Council of Social Science Research and to Mrs. Tara Ali Baig for providing me the opportunity to formulate this paper.

children there are frequent episodes of curiosity and exploratory behaviour.

Challenging and new interdisciplinary findings are there for all to see. The geneticists have been warning us, alongwith the nutritionists, about the irreversible brain damage the child may suffer because of early protein deficiency; the anthropologists ask us to pay attention to the norms of the culture (of poverty) befor we stake all our faith in elaborate programs of dietary, scholastic and value change; the sociologists caution us about dumping our middle-class, urban values and beliefs on the vast majority of rural and lower (or working) classes and then wondering why things are not working or moving; the child developmentalists have emphasized that the maternal teaching style at home is just as important if not more than what is done to the pre-schooler at school, in the community and by the government; and the educational psychologists have been underscoring the importance of remedial and enrichment programs among diagnostically different child populations.

One might say, all this is very interesting, but in a land of staggering poverty, illiteracy and inadequate communication networks, how does one go about setting things right. The first obvious task is to know and state the problem we wish to tackle. In this regard, volunteer and social welfare personnel in India grimly but realistically point out that barring one per cent, the rest of the millions of pre-schoolers in India have no health or educational care worth the name.

In order that we may jointly understand and state the problem, we have to share our diverse and perhaps conflicting insights. Since neither the pre-schoolers nor the programmes devoted to them are anything but simple, our initial conceptual groping are unlikely to create pay-off matrix of immediate or workable solutions. We need to draw an outline of the map first. In the remaining part of my paper, I shall try to offer a bit of a line here and a dot there so that we may all eventually create an outline of a map.

### **Curiosity, Exploratory Behaviour, and the Child's urge to Learn**

Despite the vast empirical literature emphasizing the impoverishment faced by malnourished, neglected, slum and foster home children, we need to urgently recognize the lasting impoverishment in our children caused by inadequate stimulation of the child's need to be curious about and explore his unfolding habitat. Indian parents and teachers in general are notorious for their anxiety : they are constantly preoccupied with saving the pre-school child (and even much older ones ! ) from a long list of real and imagined dangers. Infact, it is amazing that the pre-schooler is not neuroticized permanently towards all exploration. Animal and bird psychology have much to tell us in this regard. For example

the devoted mother bird, after imparting some initial training in flying, literally pushes her young ones off the tree (with last minute rescues) so that they may learn the art of survival soon. I have seen many an educated mother exhibiting adult tantrums, upon seeing, let us say, a piece of cotton or paper disappear into the child's mouth. Little does she pause to decode what the pre-schooler is trying to say at this pre-verbal stage of development. He is just experimenting and trying to figure out his environmental objects through the two readily available sources at his command: his hand and his mouth. The point I would like to stress here is this : we must make a distinction between parent craft designed to protect the child from actual dangers (fire, traffic, nails etc) and parental non-interference in the invaluable exploratory activities of the child. In this sense, we need to look at our Indian pre-schooler through the eyes of a Jean Piaget or a Maria Montessori.

Many of the recent discoveries concerning the cognitive development of pre-schoolers have come from the West. The solution to the problems of Indian pre-schooler is not the uncritical importing of Western concepts and methodologies. The social, cultural and nutritional contexts in India demand different answers. And even within India, regional diversities call for flexible if not different approaches. The mothers in the jhuggis, the middle-class or society lady doing volunteer work in child care centres, the brahmin kindergarten teacher in a multi-caste, poly-ethnic Bal Bhavan or Sisu Vihar, and the Indian politician or policy maker who was born before World War II, all have pet notions about pre-school child-rearing practices. That a good majority of parents have never given much thought about the criticality of the pre-school period is probably a grim fact. But greater danger lurks among mothers, fathers and teachers who glorify the earlier years and label them as the period of godly innocence and assert that there is lots of time for the child to learn. Anyone familiar with the phenomena of 'critical periods' and cultural 'imprinting' would immediately recognize the folly of such a belief. The Indian pre-schooler needs to be free. Free to be curious, to explore, to commit mistakes, to learn. Indeed, most Indian parents offer plenty of indulgence to their children. But this is not freedom to learn. So, if we are concerned about the meaning and success of pre-school education programmes, we would also have to look into the question of parent (and teacher) education as well.

By the time many Indian middle class children are 3 or 4, encouraging the child's urge to explore and learn calls for newer adult 'strategies. During this stage, when the home environment has been fully explored, the novelty of the street offers unbridled beckoning. Now, will the adults at home open, shut or guard the doors? Or, will the harried parents pack the child off to an age graded kindergarten, even though the kindergarten many contain another kind of hazard : regimentation, unimaginative scheduling, rigid syllabus and little freedom to

learn. Of course, in India, where the vast majority of children come from working-class and rural backgrounds, the story is different. The idea of a kindergarten cannot be a part of a poor family's plan for the future. The luxury of a kindergarten is simply not in the cards for most of our children.

Montessori and the Casa de Bambini in Rome tell us of the incalculable importance of children's expression of their spontaneous interests. They also inform us of the irreparable damage done in demanding that all children do the same thing in the child centres. The pioneering efforts in one corner of India specifically in Mysore city by the late Dr. Gopalaswami in the 1930's—demonstrated that atleast in the case of preschoolers (if not older groups), selective rather than full time guidance by the teachers, and genuine rather than dutiful parental participation in the child's activities at home, provided the best contexts for the child's development of his own creativity and autonomy.

We need to remember too, of the great advantage in having older boys and girls in the same room or class atleast during the pre-school years. The working class and the rural child has a bit of a built-in disadvantage here. In the villages and in the densely populated working class families, the pre-school age child has many-sized adult models to observe and interact with.

Indian parents and educators need to give top priority to yet another set of variables viz., the pre-school child's constant need for physical mastery, his search for competence through knowledge of his world, and his need to be appreciated as an activist in his own right. Even the inevitable obstacles frequently encountered by the child in meeting these needs serve as additional stimuli for further learning. There has been an over-preoccupation in the literature with the obstacles impeding and frustrating the child's explorations of his world.

It is necessary to indicate here that the pre-schoolers of India do not constitute a homogeneous population. While it is a fact that most of the pre-school age children are grossly undernourished and poverty stricken, the remainder do not always present a pleasant picture either. Probation officers and Judges quite frequently come across children from well-to-do, educated but neglectful families. These children may be considerably older, but they often have siblings of pre-school age. Then there are the pre-schoolers handicapped in vision, mind and body. There are those found in urban slums, on the streets and inside hospitals. In the past month alone, I have seen three pre-school age children working from 5 in the morning till 11 at night in wayside tea stalls of Delhi. As the social and physical settings of these children widely vary, the problems facing management of intervention strategies become incredibly complex.

### **Development of the Pre-Schooler's Thought Processes**

It has already been pointed out that Psycho-biological researches have offered hard evidence showing how the pre-school years constitute a CRITICAL PERIOD in the development of the child's intellect. The physiology of the human brain reflects accelerated growth during the earliest years. The measurable rates of accelerated intellectual functioning in the first 5 years of life are comparable to those achieved between the years 5 to 18. Heredity indeed sets limits and a child's intellect is open to both positive and deleterious influences of social, educational and psychological experiences. Though there appears to be some partial evidence showing advanced motor development among certain ethnic groups,\* differences in educational achievement among various caste groups, tribals and aborigines cannot be simply argued in terms of differential intellectual endowment (or potential) without further empirical research in the subcontinent.

During the pre-school years a wide array of experiences and the opportunity to intellectually sort and integrate them are vital sources of stimulation to the rapidly evolving brain. The Indian pre-schooler, whether he is in the village field, urban slum or a city suburb needs constant and 'direct' experience in the verbal as well as non-verbal domains. It is frequently a matter of chance that any pre-schooler in India would find an adult to present, direct and on occasion organize the physical and social experiences that impinge on the child's life.

Those of you who have observed kindergartens at work have probably noticed how much time is spent on repetition and rote memory and how little attention is paid to the processes of abstracting concepts, discriminating between similar and dissimilar concepts, generalizing them over to new situations and discussing the rationale involved in these mental operations. To do this of course, the teachers need to be trained and sensitized to the cognitive needs of the pre-school children. The sensory modalities such as olfaction, vision, touch and audition do not get the equitable workout that pre-schoolers need in their constant search for meanings and relationships among a plethora of phenomena in their burgeoning world. It is in this context that Indian observers of the pre-school scene have much to gain from the studies by Professor Bernstein of England and by the University of Chicago on the types or styles of verbal interaction between mothers and children. How linguistic and authority climates in the home do or do not contribute to the strengthening of the thinking processes in young children is a virgin research territory in India.

It is unrealistic to expect the harried, the poorly educated and

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\*In my own work, I have some preliminary leads which indicate that Sikh infants in the Punjab and Coorg infants in the Mysore region are motorically far more advanced than several other groups of Indian babies, all under two years of age.

treat parents in India to patiently undertake the routine cognitive stimulation of their pre-school children. The pre-school teachers are also in no better position to impart cognitive facilitations. Until systematic and preliminary surveys and researches are undertaken in this country, any talk about cognitive deprivation and stimulation would be so much jargon begging the questions.

Much of what has been said so far applies with equal force to the other domains of the pre-schooler's life, such as his emotional, moral and social development. Time and space preclude an extended discussion of these equally important domains. Examples of some types of questions may however be raised. What educational and community guarantees can we provide so that every pre-schooler in the land has some opportunity to exhibit whatever level of creativity he or she is capable of? How should we help train teachers to detect cases of cognitive deficit? How can the teacher (and parents) detect and deal with instances of preschoolers whose intellectual development is impeded not merely by poor health but by poor linguistic climate in the home, by overly authoritarian parents, by peer group difficulties and by personal traits like timidity and anxiety? What can we learn about cognitive development and mental health by revisiting and observing India's orphanages, remand homes, day-care centres and creches where instances of physical, intellectual and emotional impoverishment in early childhood are huddled together?

I do not think anyone in the know has come up with a pragmatic priority list in regard to a national plan to deal with the needs of India's pre-schoolers. Before we become acquainted with the nature and range of the problems and have drawn up an operational priority list, rushing to allocate funds, building more Bal Bhavans, Sisu Vihars, Creches, appointing qualified but inappropriate teachers, revamping old curricula and starting new, imported or untried curricula are all likely to put the cart in front of the horse. A sobering thought for any national planner of pre-school education is to recall that pre-schoolers hail from different linguistic, rural-urban, middle-working, slum or migrant backgrounds each with its own unique life styles and values. Yet, there can be an over-all flexible guide line that reckons constantly with the fact that neither the Indian pre-schooler nor the country itself allow for strategies based on notions of homogeneity.

Exploratory and initial plans, must not overlook the fact that a vast majority of India's pre-schoolers live in areas and families where parent or guardians are unfamiliar with the concept of pre-school education. Most of these parents are also unfamiliar with ideas about taking psychological and educational initiatives in regard to the pre-schoolers of the 1970's. Many of the parents may be "wise, thoughtful and pragmatic people and yet may be in need of as much encouragement as the children themselves when it comes to questions about cognitive development of the pre-schooler.

There is effort afoot to install television in every rural community in India. This can mean both massive power in the hands imaginative programmes or a disaster for the pre-school and other children whose need calls for direct experience rather than for passive huddling in front of the T. V. set. Yet, the programmes if produced with the aid of sociologists, anthropologists, psychologists, educationists, social workers and media specialists, keeping in mind Indian childrens' interest patterns and local and cultural relevance, the T. V. could go a long way in providing some of the cognitive nudges to the childrens' development, which they may otherwise not receive at all.

## **WELFARE AND RECREATION PROGRAMMES IN URBAN AREAS**

Dr. (MISS) SINDHU PHADKE

This paper presents a review of welfare and recreation services for the pre-school child in urban areas and some thoughts on the role of these services in promoting total development of his personality.

The term "welfare services", although having a broader connotation, is used in the context of this paper, to denote services for two types of pre-school children; in view of the themes covered by other papers:

- (a) those who are handicapped physically or mentally, and cannot therefore benefit from services for normal children; and those who are orphaned, destitute or abandoned and are denied the protection of their families;
- (b) those who are handicapped as a result of their belonging to socially or economically disadvantaged families or communities.

As far as the first category is concerned, almost no services, specially designed for pre-school children, are available. Special institutions for blind, deaf-mute, orthopaedically handicapped, mentally retarded, orphan and destitute children include a very small number of pre-school children. Most of these are set up to provide special type of education, and generally do not admit pre-school children.

The need for specialised pre-school education for handicapped children is only beginning to be recognised in India. Such children need special training to promote maximum development of their other senses which are intact. For instance, a blind child needs to be provided a special type of nursery training in utilising his sense of touch and motor coordination to enable him to use Braille method effectively and to find his way without sight. In the absence of pre-school education, such children are frequently retarded in the use of other capacities which are not impaired, in addition to developing problems of social adjustment.

Welfare services for pre-school children belonging to under-privileged groups (as also, recreation services) are provided mostly by balwadis,

some of which are run by municipal bodies<sup>1</sup>, some are promoted by the Central Social Welfare Board<sup>2</sup>, and a few others are run by voluntary welfare organisations specially engaged in serving slum areas. Besides educational and recreational activities, some of these offer meals, vitamin supplements and medical care and informal parent education.

In addition, there are Kindergartens, Montessori Schools, Pre-basic Schools, Shishu-vihars, etc., attached to primary or high schools under private management, operated by voluntary groups or run by individuals on a commercial basis. Because of their fees, these are outside the reach of pre-school children who come from lower income groups. It is estimated that there are nearly 12,000 pre-schools in urban areas operating under voluntary auspices, providing for nearly 600,000 children<sup>3</sup>.

These facts need to be viewed against the whole perspective of the situation of urban pre-school children. The number of urban children between 0 and 5 years in 1968/69, was estimated to be 18.7 millions, out of which children of 3-5 years accounted for 8.9 millions<sup>4</sup>. More than half of our urban population lives in one-room tenements with less than 50 sq. ft. per capita floor space (in some cities this average falls below 25 sq. ft. for over one-fifth of the population), without protected water supply, drainage and sewage facilities. Over half of the total urban population in India has less than a rupee per day average consumer expenditure<sup>5</sup>. Very sizable chunks of our urban population live in conditions of filth and squalor, in dark, ill-ventilated hovels and in congested surroundings bereft of cheer and sunshine. In large cities the percentage of people living in slum conditions varies between 20 to 35.

It will be seen from these figures that a very large number of urban children up to six years are deprived of some of the most basic pre-requisites of physical, mental, emotional and social growth. Pre-school institu-

1. Local bodies and state governments generally do not accept pre-school education as their obligatory function. Some marginal support is given by them to pre-school institutions run by voluntary auspices through a system of recognition and grants-in-aid. A few municipal corporations such as Delhi, Baroda and Bangalore operate nursery schools which cater to children from poor and Harijan groups.

2. There are eleven Pre-school Integrated projects and nearly 30 urban Welfare Extension projects sponsored by the CSWB which operate through voluntary organizations and are specifically intended to serve children from low socio-economic background.

3. Ranjit Bhai, "Voluntary Efforts in Pre-school education in India", *The Systems of Pre-school Education in India*, edited by Rajalaxmi Muralidharan, Indian Association for Pre-school Education, 1968.

4. These estimates are derived on the basis of figures given by the office of the Registrar General of India.

5. National Sample Survey, eighteenth round, Feb. 1963 - Jan. 1964, Number 142, *Table with Notes on Consumer Expenditure (Preliminary)*, issued by the Cabinet Secretariat, Government of India, 1968.

tions can play an extremely vital role in minimizing to a certain extent the developmental handicaps of such children and in supplementing the meagre family resources available for children's development. The existing balwadis serve a very small proportion of the total number of children who need their services.

Balwadis for children of low socio-economic groups can serve a variety of objectives. They can provide opportunities for indoor and outdoor play, and educational activities that many families cannot provide. Personal hygiene and environmental cleanliness, which are sadly lacking in the family background of children living in urban slums, can be taught as a regular feature of balwadi programme. It has been observed that children who have had the benefit of a pre-school are much more receptive to formal schooling, their educational achievement tends to improve and the chances of their dropping out of school are reduced. Children from poor families where both parents go out for work, fail to get the companionship of parents and are often subjected to neglect. Balwadis can provide such children the guidance and understanding of adults and opportunity to mix with other children.

A balwadi can also serve as a valuable agency to administer important immunizations, inoculations and nutrition programmes for children who are at present not covered under the existing services. Properly organised, such a balwadi could serve as a focal point to organise programmes of educating parents in health, nutrition and child care, and indeed a useful link between a number of marginal groups in urban areas and the local administration. A few isolated efforts are currently being made by some voluntary organizations along these lines. These efforts can be made more effective if a closer coordination among voluntary pre-school organizations on the one hand, and public services provided by local bodies and/or State or Central government on the other could be brought about.

Closely related to balwadis, is another essential service which is absent in most cities and towns with very few exceptions. When mothers go out for work, they need a safe place where they can leave children who are too young to attend nursery schools. They also need facilities where older children can receive supervised care before or after school hours when mothers have to be away at work. Some balwadis have a creche and day-care centre attached to meet these needs. Their number, however, is very small. In some cities, informal arrangements are worked out among women to look after the children of working mothers for a small payment. This is out of question for mothers who cannot afford to pay for such services. A number of children from poor families are thus denied the benefit of supervised care when mothers have to leave them alone. The irregularity of attendance among children in schools and the consequent problem of truancy among older children could be minimised by establishing day care centres.

## Recreation

Recreation here refers to an organised and more or less institutionalised service. It is true that a child instinctively seeks amusement from almost anything in his environment—whether or not it was intended for this purpose—and indeed children are extremely creative in the way they “make do” with things in their surroundings. A walk through a city lane reveals how empty tin cans, pebbles, sticks, discarded tyres and even used bus tickets can serve a fantastic variety of purposes in the play world of children. We will limit the scope here to formally designed recreation services, not forgetting ofcourse that these are based on instinctual recreational urges. It is rather sad that this basic fact is not sufficiently remembered in designing recreation services for pre-school children.

Our urban areas provide a few recreation services—although not especially for pre-school children—through public parks, playgrounds and children’s parks. Some cities also have zoos, swimming pools, museums and libraries which attract older children and adults. A children’s museum is a rare feature. There are a small number of bal-bhavans (children’s centres) which offer a variety of indoor and outdoor recreational activities for children such as games, music, dramatics, handicrafts hobbies, etc. Unfortunately, these are few in number and do not offer many activities that are appropriate for pre-school children.

Almost all of the recreational organizations cater to children of school-going age. The same holds true for Scouts and Guides and similar organizations which are aimed at citizenship training. The balwadis or nursery schools are, therefore, about the only resource for recreation for pre-school children. Since a relatively small number of pre-school children attend such institutions, it is evident that a majority of urban pre-school children have no access to recreation.

It is necessary to point out that even the rudimentary facility of parks and playgrounds or any open space is becoming a rare commodity in urban areas which are getting rapidly built up and congested. As the demand for housing becomes acute with mounting population, it becomes difficult to provide open space for recreational purpose and even spaces already so earmarked are encroached upon by housing construction and often by unauthorized hutments. The unavailability of open space has assumed serious proportions in some urban areas. In Bombay the recreational space available per thousand population is .29 acre<sup>1</sup>. In the walled city of Delhi, only .06 acre for one thousand population is available for neighbourhood parks and .14 acre for district parks<sup>2</sup>. The suburban muni-

1. *Report of the Development Plan for Greater Bombay, 1964*, Municipal Corporation of Greater Bombay, p. 53.

2. *Master Plan for Delhi, Work Studies*, Vol. I, Delhi Development Authority p. 256.

cipalities in Calcutta Metropolitan District have less than .2 acre per one thousand population.<sup>4</sup> The average distribution of public recreational space reveals only partially the seriousness of the situation. In most cities, there is wide disparity in the availability of open space since it is clustered in the newer developments. Pre-school children from lower income groups who live in crowded houses have little access to parks and play-grounds located at a distance.

The scarcity of open space in cities is reflected in the crowded facilities of many urban balwadis. Many suffer from further limitations as a result of inadequate equipment and untrained staff. In the absence of proper training and selection of right type of staff, many balwadis fail to provide children even the opportunities which are available to them. The balwadi teacher who feels utterly frustrated because she does not have toys and craft materials may be oblivious of the joy she can bring to her children when they see a pretty sunset or hear rustling leaves or feel the ripples in a pond. Perhaps she has never experienced how children love to play with sand and to create castles which do not look like anything to the adult, but mean a whole new world for the child.

A resourceful balwadi teacher can use music and dancing to develop among children the beauty of rhythm and sounds and the thrill of using their body in many different ways. Games can teach children how to lead as well as to play a subordinate role, the basic attitudes like cooperation and competition, and also give them an experience of varied social relationships. Craftwork can improve manual dexterity besides encouraging expression of one's creative urges. Dramatics can be used to extend children's experience to events and personalities not familiar to them, besides serving as a useful tool of emotional adjustment. For children coming from crowded and unhealthy surroundings, outdoor recreational activities can be very helpful in promoting healthy physical development, besides providing release of tensions. An element of recreation can make learning an enjoyable and satisfying experience.

Recreation is not just a frill or a luxury in the total scheme of services for pre-school children. It can be a very effective instrument for promotion of healthy personality development. In the context of deprivations which many urban children suffer, recreational programmes, properly designed, assume great significance as a way of overcoming to some extent at least, their physical, mental, emotional and social handicaps.

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1. *Basic Development Plan, Calcutta Metropolitan District 1966-1968*, Calcutta Metropolitan Planning Organization, Government of West Bengal, 1966, Pp. 33-34.

## **WELFARE AND RECREATION PROGRAMMES**

### **IN RURAL AREAS**

**TMT LATIKA D. PADALKAR.**

Among the many Social Welfare programmes undertaken by Governmental and non-Governmental agencies in the country, Child Welfare programmes occupy an important place. This programme covers many aspects of child welfare. It includes giving nutritious food to children, immunizing them against common diseases like small-pox, tuberculosis, diphtheria and polio, treating sick children, educating the mothers to take care of their children and providing educational and recreational facilities. Voluntary institutions all over the country are helped by the Central and State Governments to carry on the child welfare programmes. The Government of India gives various kinds of grants to the voluntary social welfare organisations through the Central Social Welfare Board. The Central Board in its turn distributes the funds through various State Social Welfare Boards. International agencies like UNICEF have also been helping the cause of children for the past two decades. With the assistance of UNICEF, Family and Child Welfare Projects are run in the country. The aid comes in the form of cash and equipment like toys, cooking utensils, blankets and milk powder. The cash is used to pay the salaries of the staff, to meet other operational costs and feed the children. The Project activities include running of a pre-school for children between 2½ to 5 years of age, giving them a wholesome meal in the afternoon, training the village women in child-care, preparation of nutritious meal from locally available foods, personal and community hygiene and many more useful things. It is a happy thing that UNICEF has thus engaged itself in planning and executing welfare programmes for the children.

But what is the need for any such programme ? Do children of this young age group really need the educational and recreational facilities which are provided here ? The answer is YES. This facilities are mainly for rural children and they badly need them. That a child, above six months of age, needs recreational facilities, is beyond doubt. An urban child gets these facilities without even realizing their existence. Pre-schools, creches and day care centres are some services more common in Indian towns than in villages. However, in the country-side till of late these institutions were scarcely known. This does not imply that they

are superfluous in the rural parts, but it implies that there is not sufficient awareness of their utility and this awareness needs to be created, for, only then, the welfare programme will reach rural children and will be used by them and their parents.

Paediatricians, psychologists, and mothers all over the world know that a child grows fastest, physically and mentally, during the first five years of his life. From a helpless ball of pink flesh, it turns on its stomach and lifts its little head to look around. When the arms grow strong and the legs match them, it starts pushing and crawling around in queer little jerks and thrusts. Then to the mother's delight, the baby sits and then stands to take its first step. After that, mother is on duty during the baby's waking hours, to keep it out of mischief. No less astonishing is the development of the baby's other senses. As he grows older, his perception becomes keener, he understands the third dimension of an object or a scene. He delights in colours, odd sizes and shapes and launches upon adventure of continuous discovery of the nature. The educational and recreational programme for children, as embodied in the pre-school tries to channelize the natural curiosity of children to secure fast growth in a safe way. It combines education with recreation —nay, it recreates while educating which is by far the best way to go about education. Every child needs these facilities to grow into a normal adult.

However, rural children need these facilities more than urban children because of their greater social and economic handicap. The rural society is not only poor but sharply divided in different castes. Even today inter-course between the scheduled castes and the rest of the community is only minimal. The pre-school welfare service tries to increase the number of contact points between various parts of a society. It also renders service to the rural mother—irrespective of her caste—in bringing up her child. The intelligentsia in the country is aware of the importance of this programme and as a result pre-schools have been started in the country side. However, with the starting of pre-schools, the problems relating to welfare of children through recreational and educational programmes have not ceased, they have only proportionately increased. The circumstances prevailing in Tamil Nadu will elucidate the above contention.

In Tamil Nadu, welfare of rural children is one of the important welfare programmes. The concept of pre-school has not only found place in the welfare policies of the Government but it has found place in the very soil of rural Tamil Nadu.

There are 375 blocks in Tamil Nadu. Out of these, the Pre-school programme covers 47 blocks. All the thirteen districts have a few pre-school blocks. However, Thanjavur district has the highest number of pre-schools and Chingleput, South Arcot, North Arcot and

Ramanathapuram districts have more than 100 pre-schools each. Besides these, 200 pre-schools have been started one in each of the 200 blocks. All these blocks have one building each that is owned by the local ladies club. Therefore, the pre-school is conducted in that building in the morning and ladies sessions are held in the afternoon.

There are four Family and Child Welfare Projects in this State. In Chingleput at Villivakkam, in South Arcot in Kurinjipadi block, in Coimbatore in Perianaickenpalayam Block and in Madurai district in Athur block. Each Family and Child Welfare Project has one main centre and five sub-centres where model pre-schools are run.

There is one Integrated Child Welfare Demonstration Project in the Chingleput District in Poonamallee block. There are 50 pre-schools and 10 creches run under this Project. Thirteen voluntary institutions in the State run 45 centres where pre-schools are conducted. At these centres Social Education classes for adult women are conducted in the evenings. Six hundred more pre-schools have been started in the State, thus bringing the total number of pre-schools to 1959. There are many more pre-schools in the State run by voluntary institutions who get grant under the annual grants aids and many more who do not get any grant.

At the Government level, it has been realized that every child, irrespective of his urban or rural background, needs recreational activities even when he is a trifle too young to go to school. In providing him with a pre-school and a Balsevika, and a few toys we have made an attempt to excite his imagination. However playing with other children in a place is only one of the many activities of the pre-school. Along with recreation, welfare is also thought of. This welfare includes a nutritious meal, periodical medical check up, immunization and treatment of diseases.

Our achievement is that we have taken the programme to rural Tamil Nadu. It is no longer considered a new fangled, town oriented, westernised idea to run a pre-school. It is not a small achievement that our rural women have neither suspicion nor contempt for the programme. We are proud that we have taken it to the tiniest villages accessible only on foot like. Annadanapettai and Guruvanmedu in South Arcot district, Melapalayam in Tiruchi District, Kattanarpatti in Ramnad district and many more.

It may be noted that until November '70, the pre-school programme was carried out in only 47 out of 374 blocks in the state. We have made rapid progress since then. Today, we have taken the programme to 200 more blocks. We have yet to cover 127 more blocks.

In 1970, children were served a hearty meal only in the 24 pre-schools run under the four Family and Child Welfare projects, and in 50 more pre-schools run under the Integrated Child Welfare Demonstra-

tion Project at Poonamallee (Chingleput District). We are proud to state that with the generous help from CARE; we have launched a massive feeding programme in 1000 pre-schools. CARE donate CSM (corn, soya and milk powder) and salad oil. On an average, in each pre-school centre, we feed 40 pre-school children in the age group of 2 to 5, 40 children between 6 months to two years and 40 expectant and lactating mothers. A wide range of recipes, from simple sweet or savoury gruel for infants to pancakes, uppama and kolakattai (steam cooked balls of CSM and vegetables). In a few places even the hot favourite muruku and sev are made. The daily ration of CSM and salad oil per beneficiary is 80 gms and 10 gms respectively.

The balsevika gets Rs. 20/- extra for this additional work of supervising cooking and serving. A local woman does the cooking and is paid an honorarium of Rs. 10/- p. m. In a few places, local women volunteers help in cooking. This massive feeding programme is thoroughly liked by the rural population. However, there is no room for complacency. Even after covering 1,000 pre-schools with feeding programme, we have yet to introduce feeding in 840 more pre-schools started after November, 1970. We are taking steps to see how this could be done.

All the Balsevikas who have been getting an honorarium of Rs. 20/- p. m. (they are 1840), have started getting Rs. 30/- p. m. from April 72 onwards, thanks to the Government of Tamilnadu.

As for the training facilities of the Balsavikas, they are adequate in this State. The Indian Council for Child Welfare has an intensive course of one year training. The training has its accent on practical knowledge and this is as it should be. Their syllabus includes recreational activities for children, care of sick children, personal hygiene, teaching toilet habits to children and many more things.

The Rural Extension Training Centres as Bhavanisagar in Coimbatore district and T. Kallupatti in Madurai district give a short course of 3 months to the majority of Balsevikas who get an honorarium of Rs. 20/- p.m. There is scope for intensifying and lengthening the course to six months or one year. However, if we do that, then the trained girls will have to be paid more for their better qualification. As it is, we come across many cases where the trained girls leave this job immediately after completing the bond period of one year. Under these circumstances, we have to appoint an untrained hand and train her at the earliest opportunity. To give better emoluments is the way to keep the trained girls interested in their jobs.

At the Service Home, Tambaram, we run a short in-service training course of 2 months for Mukhyasevikas. The trainees are shown important City Institutions that run the Pre-schools or make pre-school play equipment. They visit Children's Hospital to learn about the care of sick children. They learn to make toys out of cheap and easily avail-

able materials like cotton and woollen thread, match boxes, match sticks, beads, buttons and empty tins. It has been our experience that after training, the Mukhyasevikas exercises better control over the Balsevikas of their block. This training should continue till we cover all the Mukhyasevikas of the State.

In the field of accommodation, the facilities are inadequate. Even the sub-centre balwadis of Family and Child Welfare Project are run in in a rented building. In the Demonstration Project many pre-schools have built their own buildings partly with the funds from Applied Nutrition Programme and partly from local contribution. However it is still an exception to find a pre-school with its own building. In majority of the cases — over 1,000 out of 1,300, Pre-schools are conducted either in the verandah of a Primary school or in the courtyard of a temple or a Church or even the Balsevika's house. Here an appreciative mention is necessary of the willing help given by CARE. They have undertaken to build 115 pre-school buildings in Chingleput, South Arcot and North Arcot districts. CARE have since completed all the 115 pre-school buildings. It is a happy sight to see children playing eating and resting in clean and airy buildings.

In the case of feeding, there is a wide gap between idea and reality. The aim of the Programme is to give a wholesome meal to each child for five days in a week. However, in only 24 Pre-schools run by the 4 Family and Child Welfare Projects, regular feeding is done. There is a provision of 20 paise per child per day for 250 days in a year, Although 20 paise is a small amount, it is possible to feed the children within that amount in rural areas. In a few cases, this amount is supplemented by local contribution.

Under the Demonstration Project, there is a provision of 10 paise per child per day for 250 days in a year. As the Demonstration Project is also covered by the Applied Nutrition Programme, this 10 paise provision is supplemented by the produce of the local centre. In some cases, vegetables are grown, in others fish ponds are maintained, and in some poultry units. Thus, the children get fish or eggs or vegetables or all. The children of these privileged pre-schools eat rice and dhal with liberal use of locally grown vegetables like greens, gourds and pumpkins.

Since November '70, under the Composite programme, financed by the Government of India, we have started 112 demonstration feeding centres in the existing pre-schools. This programme is spread in 28 selected blocks, spread out in all the districts. Each block has 4 pre-schools with demonstration feeding centres attached to them. Under this scheme, 30 pre-school children, 20 infants and 30 lactating mothers are fed for 300 days in a year. The budget allotment per child per day is 15 paise, and per mother per day is 25 paise. We not only serve a hearty meal to the beneficiaries but we also educate the mother on food values of the

locally available and inexpensive foods. We teach them greater use of greens (particularly drum stick leaves) to fight iron and vitamin A deficiency, advantages of steam cooked food and advantages of eating raw vegetables wherever possible. By the end of 1973-74, we would have in all 140 such centres.

In the field of Service, conditions of the Balasevikas, there is a considerable scope for improvement. There are four categories of services and its high time that we take steps towards reducing the disparities and ultimately bringing uniformity. The Balsevikas working in the 4 Family and Child Welfare Projects and the Demonstration Project get a salary. But even here, the Demonstration Project gives them Rs. 80/- p.m. D.A. and the rate of increment is Rs. 3/- while the maximum stands at Rs. 140/-. There is a clear case for uniformity in at least these two categories.

The third category is of the Balasevikas employed by the voluntary institutions. They draw a consolidated pay of Rs. 100/-. If the voluntary institutions can tap the local potential donors, they can certainly afford to pay their Balsevikas better pay.

In the last category come the majority of Balsevikas actually 1840 of them, to be precise. They have been getting an honorarium of Rs. 20/- p.m. until April'72. Now they get Rs. 30/- p.m. However, it is in this field that we still need to make earnest effort to reduce the disparity. In this sphere also, the public contribution should be forthcoming. If every mother who sends her child to the pre-schools pays 50 paise (half a rupee) p. m. towards fees, the Balsevikas would find herself receiving 50% more than her honorarium.

We have seen that there is a wide gap between idea and reality in the field of emoluments of the Balsevika, buildings, medical coverage and feeding programme of the pre-schools, which are a part and parcel of welfare programmes in rural areas. There are two important reasons for this : (1) The predictable paucity of funds ; and (2) the equally predictable lack of enthusiasm. The most distressing cause of failure is the non-involvement of rural women in this programme. It is most distressing because it is well within our means, to remedy it. We have enormous manpower and our failure lies in its almost total non-utilisation. To tap this source, we should train the Gramsevikas our village level workers in techniques of idea propagation in all its aspects including use of audio-visual aids, psychological approaches, etc. With these trained workers, it is possible to tap the idle hours of rural women and even a portion of their attention and use it in the cause of rural children's welfare.

I have seen a pre-school run by the local women's club in a distant village in Marthandam Block in Kanyakumari District. They have kept a Sarvodaya pot where each mother gives at least a handful of rice every day. Some one gives a few chillies and some one a lump of sugar

or a drop of oil. The members take their turns at cooking the meal. They even stitch uniforms for their children. Land has become costly even in distant villages but a member of this club has donated a part of her land on which a two room structure is built with the help of Panchayat Union funds as local contribution.

The moral of this story is that it is the gesture of participation that matters most. It is the human interest that puts the pre-school in a structure of brick and lime. It's the same interest that can surmount every difficulty and create a little haven of joy for its children even in rural areas. It is this human interest in an idea that decides its success or failure.

The pre-schools of the Demonstration Project and the Family and Child Welfare Project stand in glaring contrast with the rest of the pre-schools. These are the haves and have-nots of the children's little world. The gap between the two can be bridged only if local women make an intensive effort. Tamil Nadu has an earnest wish to make every pre-school a model pre-school, where children are well fed, taught well, are treated when sick, and the mothers are taught to take-up where the Pre-schools leave. This aim and this dream is what every Tamil child and broadly every Indian child deserves. It remains to be seen if mothers of Tamil Nadu and finally mothers of India will fulfill the aspirations of their children.

**STATUS OF SERVICES  
FOR  
THE PRE-SCHOOL CHILD IN INDIA**

SHRI V. M. KULKARNI\*

AND

MISS M. MITTAL\*

While framing the programme, the Working Group of the Seminar Committee decided that there should be a paper which would give more or less an inventory of services that were available to the Pre-School Child, one to six years of age, in the Union of India. There were only about four months to collect, analyse and present the data. We could not naturally cover all the States and Union Territories. We visited two states together and the rest of the units we divided amongst ourselves. Out of the 17 States and 10 Union Territories including Meghalaya, we hurriedly studied 11 States and 2 Union Territories. They are as follows :

**Union Territories**

Delhi

and Himachal Pradesh

**States**

Andhra Pradesh

Bihar

Gujarat

Haryana

Madhya Pradesh

Maharashtra

Mysore

Punjab

Rajasthan

Tamil Nadu

and Uttar Pradesh

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### **Interest in the Study**

For want of time, some States and some Union Territories could not be visited. A simple questionnaire on the basis of which data were collected through personal visits, was posted to the relevant departments in the un-visited State Governments and Union Territory Administrations. Some replies were received. The way the answers were attempted showed that the respondents were seriously interested in the area of investigation. Yet, we realised that better results were achieved through personal visits, inquiries and selectively securing the needed documents on the spot, than through correspondence.

During our visits we received excellent co-operation from officers at all levels from the secretaries of Departments to the last man down the supervisory level. People also appeared to be interested in having an all-India view of the services for the pre-school child and in a picture of relative inter-state position with a view to learning from each other.

Information was collected in relation to the following areas which were selected for detailed study by the Seminar :

**Education**

**Health**

**Nutrition**

**Social Welfare and**

**Recreation**

While studying the programme content, beneficiaries, emphasis on the disadvantaged groups, etc., in these areas, we also paid attention to the following points in relation to the services in the above mentioned areas :

Finances,

Parent and Community Involvement,

Availability of goods and equipment needed by services under consideration,

Personnel position and efforts made to train, retain and develop personnel,

Organisational structure including position of supervision in it,

Position in relation to co-operation and co-ordination among various agencies and departments at various levels,

Research and Evaluation

and

Current Trends.

### **Multiplicity of Auspices**

As we began to plan our study we realised that in most of the areas—education, health, nutrition, social welfare, recreation, work was carried on under a number of auspices and even there, there were, under each auspice, directly operated programmes and aided programmes. It is true that our study does not cover all the States and the Union Territories and

yet the variety of auspices we came across was in a way and upto a point, baffling, particularly in relation to education and nutrition programmes. The picture of variety that emerges out of the data we have collected, is presented in the following table. It may be found meaningful. The health services, by and large, are an exception to this impression. The distinction between directly run programmes and aided programmes is valid in the field of health services too. There is, however, much work done in relation to health in Governmental sector than in the voluntary or private sector, private medical practitioners apart. The following table, therefore, excludes areas of health services. The variety of auspices is at its maximum in relation to Educational and care Services, nutrition, welfare and recreation services following them.

TABLE 1

Number of States or Union Territories by Auspices and Areas of Services

Auspices	Education	Nutrition	Welfare	Recreation
1. Deptt. of Education	11	—	—	1
2. Deptt. of Community Development	7	8	—	—
3. Deptt. of Social Welfare	6	5	—	—
4. Deptt. of Tribal Welfare	1	2	—	—
5. Deptt. of Harijan Welfare	—	1	—	—
6. Directorate of Women's Welfare and State Social Welfare Board	1	1	1	—
7. Directorate of Women's Welfare	1	1	1	—
8. Deptt. of Labour Welfare	1	1	2	2
9. Labour Welfare Boards	2	2	1	2
10. Deptt. of Health	—	8	—	—
11. Central Social Welfare Board	12	—	6	—
12. Local Authorities	3	3	1	—

From the table it is obvious that pre-school education and care programmes organised directly or aided are scattered in the various departments in the Government. Even Education Departments everywhere do not seem to be dealing with it. In Bihar a major State in North India, it is discovered that since the end of the 3rd Five Year Plan no financial allocation had been made for pre-school education. In Delhi and in some States some nursery schools which may be better called pre-primary schools are directly run by the Government or the municipal authorities.

While rural Development or Community Development Departments are in some States discontinuing the Education-Care Programme (Maharashtra) the Panchayat Raj institutions are picking them up.

Our general impression is that States in Southern and Western India are having a break-through and are poised for a take off. Their moves need to be studied and progressive among these, supported by all concerned.

### **Education—Care Approach**

On the multiplicity of auspices quite a few observations could be made. Multiplicity of auspices which is a part of historical growth process has resulted in variation of standards in the programme content, personnel recruitment, work conditions for workers, etc.

The two major approaches are : (1) the educational approach and; (2) the care approach. Under different auspices one meets a special mix of these two approaches. The schools associated with the Directorates of Education show greater concern for educational content, teacher training, physical plant, etc. They do not concern themselves even with the feeding programme. The school authorities may arrange this; but on their own. No aid is likely to be available for it. Grant-in-aid when given stipulates that no fees should be charged. When permitted to charge fees, there are several restrictions. Charging Rs. 2/- for tuition and Rs. 2/- for 'nashta' (breakfast or snacks) is allowed but then for purposes of grants the collections are considered as income. We shall come to the problems arising out of this situation while discussing finances for and 'people's participation in the programme.

The institutions organised or aided by organisations other than the Directorates of Education place greater emphasis, it appears, on the care and feeding aspects along with a component of education which is on occasions sizeable. By and large Education Directorates have very little to do with these institutions. Social Welfare Directorates, State Social Welfare Advisory Boards, Labour Welfare Boards, Labour departments of various public sector undertakings, Rural Development Departments, Municipal Corporations, Directorates of Women's Welfare, Directorates of Tribal Welfare, are the agencies whose work in this area can be

considered predominantly of this character. Mostly children of the disadvantaged groups received attention here.

TABLE II

Number of Education-care centres by Auspices, Number of Units and Beneficiaries

<i>Auspices</i>	<i>No. of Units</i>	<i>No. of Beneficiaries</i>
1. Department of Education	2,816	1,96,914
2. Central Social Welfare Board	3,976	2,36,755
3. Departments of Community Development	2,751	76,142
4. Departments of Social Welfare	1,823	50,461
5. Labour Welfare Boards	157	5,660
6. Directorate of Women's Welfare and State Board (T. N.)	1,219	58,400
7. Directorate of Women's Welfare (A. P.) (day care centres)	302	9,000
	38	1,140
8. Directorate of Tribal Welfare	14	500
9. Department of Labour	11	550
10. Local Authorities	269	8,379

In all types of pre-school education-care centres little attention is given to the health needs of the child. Whatever little work is being done is done with the help of the nearest primary health centre, sub-centre or honorary services of private practitioners.

#### The Need to Maximise Returns

Historically these services grew under different auspices. They served and are serving a useful purpose. This variety of auspices has also created problems. It does not ensure fairly uniform standards and bring in maximum returns for the investment. Before going to the description of services area-wise, it is proposed to consider this question here. Budget provisions are made in different departments. Differences in approaches prevail. Opportunities and institutional arrangements for co-operation and co-ordination are limited. The work done by the various departments

compared to the total need is inadequate but it is understandable. It can, however, improve and produce better results if all those who are involved in these programmes come together, share their experiences, plan their work jointly and then execute it fairly independently or in an inter-dependent manner. This need is felt. There are suggestions to have common platforms or forums. There is an increasing feeling that the multiplicity of agencies in the field of pre-school education and care should be looked into and some suitable action, to minimise problems arising out of it, be taken. There is also the anxiety to strengthen educational element in care programmes and where necessary emphasising care element in the educational programme. The Director of Education, Gujarat, suggested that there could be Boards for pre-primary education on which all organisations working in the areas of pre-school education care programmes should be represented. In Mysore this suggestion has already been discussed. In a discussion with the Director of Education, Mysore, an interesting point came up. Since education is a continuous process, having too many Boards, it was felt, might again divide it into segments. Since pre-school and primary education needed to be closely linked up, it was thought, it might be useful to have a permanent Standing Committee of the Primary Education Board to study and meet the needs of this specific area satisfactorily. The pre-school education care work may then receive adequate attention and still be in the main stream of primary education which is required to be changed to be able to continue the work done at the pre-school stage. The proposal needs to be debated.

### **Policy**

Efforts were made to know whether the State Governments and Union Territory Administrations had definite policy statements regarding pre-school education. To have some idea of the policy one is generally required to search for policy elements. They were broadly stated in rules about grant-in-aid, teacher-training, etc. Cogent policy statements are not made except in a few units we have studied, but thinking is being sorted out and some sketchy but clear references one comes across in the office notes, Five Year Plan draft documents, policy statements, etc. In Maharashtra a clear statement indicating approach and strategy to the work to be done in this area is available. The following extracts from the policy statement of Educational Re-construction in Maharashtra, 1970, are interesting :

“Village Panchayat and voluntary agencies will be encouraged to conduct pre-primary schools in villages with a population of less than 5,000; in slum localities in urban areas or for children belonging to backward classes; and they will be given to backward and tribal areas”. (Para 82, page 34).

"The strategy of educational development in the immediate future will, have to be based on the following five principles :

1. to secure the maximum financial assistance from such sources as the *Community voluntary organisations, State and Central Governments* ;
2. to *emphasise* programmes which need *human efforts* rather than monetary or material resources ;
3. to use all available facilities *intensively*;
4. to ensure that the resources available are not wasted or misused; and
5. to effect economy in the per-capita recurring cost of running an educational institution and the cost of providing buildings and equipment".

".....a long term perspective plan of educational development covering a period of the next fifteen years is being prepared, the Fourth Five Year Plan being its first stage,"

(Para 2.2, page 4).

Visits to the Directorates of Education and State Institutes of Education and the documents available there reveal that the thinking on systematising pre-school education, linking it up with primary education, laying down grant-in-aid policy, planning and implementing teacher training programmes are taking shape in the desirable direction. The proposal for reorganisation of pre-primary education in Mysore State, among other things, says :

"The existing Nursery Schools should be made to work *more efficiently* by providing *suitable equipment* and *trained teachers*. The teacher's work in Balwadis is to be brought within the framework of departmental syllabus, examinations and rules of recruitment. Guide books are to be got written, not only for the use of nursery school teachers but also for the benefit of the staff of Nursery Training Institutes. It is very desirable to set up a Board of Pre-Primary Education to advise the Government on Schemes of expansion, supervision and co-ordination between the several agencies engaged in pre-primary education".

Having discussed some of the points like response to the study, auspices, policy etc., we now present a review of services area-wise.

#### A REVIEW

##### **Education**

The educational programme is organised in institutions called by different names. Some of these names pre-primary schools, nursery

schools, pre-basic schools, Balmandirs, Balwadis, etc. In all the States and Union Territories visited, there were according to our information, 13,239 institutions providing education-care to pre-school children. Most of these institutions are situated in urban areas. Approximately 4,500 schools of these are run in rural areas under different auspices. Directorates of Education, Departments of Labour Welfare, Labour Welfare Boards, etc., organise educational-care programmes primarily for the urban child of the pre-school age. Departments of Community Development and Tribal Welfare and the Central Social Welfare Boards are running the schools mostly for rural or tribal children. Some of the schools function for 5 to 6 hours but most of the institutions work for 3-4 hours, only. These schools are attended by 6,40,382 children between the age-groups 2.5 years to 5 years 10 months.

Here onwards schools mean both educational and care institutions. Distinction between directly run and aided programme is also ignored hereafter.

Emphasis on the disadvantaged groups is put in institutions under most of the auspices. Departments of Community Development and Directorates of Tribal Welfare and Social Welfare Advisory Boards give children from low income group families, scheduled caste and scheduled tribes, other backward classes, priority for admission. Institutions run or aided by the Department of Education are reported to be giving less conscious emphasis on the disadvantaged groups.

Some feeding programme is undertaken in most of the institutions under all the auspices. Health check-up and health care are provided in few institutions. Information about the aided institutions is generally less easily available. Only information available about them is of relevance to grant-in-aid programme particularly financial aspects.

### **Finances**

Information about allocations and expenditure was not available separately in all the cases. Budget allocations for 8,069 schools (total reported 13,259) was Rs. 1,49,321 or 1.49 crore and expenditure in 7,781 schools was 1,41,41,635 or 1.41 crore. In most of the remaining cases separate item was shown in allocation or expenditure on pre-school education in the total budget and expenditure records. There is need to identify provisions and expenditures of these programmes distinctly.

### **Community Involvement**

Very little was specially known about the parents attitudes towards the services provided. Fees were charged in some of the schools aided by Directorates of Education, Labour Welfare Boards and some aided schools of Central Social Welfare Board. Services were rendered free in the institutions under Directorates of Social Welfare and Community Development, etc.

The Directorates of Education did not report any involvement of or contribution from the Community. The institutions run by Department of Community Development and run directly by the Central Social Welfare Board enlisted the co-operation and contribution of the community in terms of accommodation, help in kind like labour, fuel, etc. Directorates of Tribal Welfare also received contributions in terms of fuel and labour for the pre-primary school programme. In some cases, in labour areas communities organised services through community effort and supervised the work of institutions. Very exciting experiments are going on but very little is known about them. Ahmedabad Zilla Samaj Kalyan Sangh which runs balwadis, more than 100, on substantial contributions from villages is doing pioneering work. They are taking the people in the direction of self-help.

Voluntary agencies are playing an important role in this area. Out of the total number 13,259 schools, 7,465 schools are run by voluntary agencies. The Department of Community Development, Central Social Welfare Board are running the maximum schools directly—4,864.

It is our impression that while people are prepared to do more than they do there is no systematic effort to provide channels for full play of this desire. People's participation has its problems for operators of services for which they need to be prepared. If people play their role fully, if they pay for the service they will demand qualitative service. Giving service free may help avoid pressures and criticism. This is a critical and explosive area but can be creatively harnessed for development.

### **Supplies**

Durable equipment is purchased locally by the organisers for most of the schools. In grants-in-aid amounts for equipment are specified. Some of the departments get equipment from manufacturers of standard apparatus. In most of the cases, special procedure is outlined in this behalf.

UNICEF, CARE and some other agencies supply food articles. They are utilised by Directorates of Women's Welfare, Central Social Welfare Board (CSWB), Department of Community Development, Directorates of Education, Directorates of Social Welfare, etc. ANP products are utilised by some Community Development Department Balwadis and Family and Child Welfare Project Balwadis of CSWB in some of the States. The food material was also purchased locally.

### **Personnel Training**

The designations of the field staff employed vary with the auspices. The teachers in urban areas are known as nursery school teachers or pre-primary school teachers; in rural Balwadis, Gramsevikas, Balsevikas, Balwadi teachers, etc., do the balwadi work. In some of the cases, craft teachers also run Balwadis as part of their job-responsibility. In some

places Gram Lakshmis operate Balwadis under the supervision of Gram-sevikas.

The Directorate of Education had over 55 training centres in 9 out of 13 States. Community Development Department reported training centres for all village level workers in 3 States. Central Social Welfare Board runs 4 training centres. One centre of Department of Community Development in Madhya Pradesh provides one week's training for Gramlakshmis.

In Maharashtra 2 year training programme for pre-primary school teachers is now in operation. Methods and approach followed in pre-primary schools are likely to be used in the lower classes of the primary schools. Gujarat is considering changing one year course to two years. In Punjab no training centre is run by the Directorate of Education. Primary school teachers trained in junior Basic Teachers Training Centres are employed in Nursery schools.

In Mysore, S.S.L.C. and training in Nursery Education is required for employment in a pre-primary school. A large number of teachers are only non-SSLC trained. A non-SSLC and non-trained teacher is appointed on a lower salary. The duration of the course is one year. The minimum qualification of teachers in the training institutes is B.A., B.Ed. and some of the teachers trained have added qualification of training in Nursery education.

In Andhra Pradesh SSLC and training in pre-primary education is required for recruitment. The duration of course is two years. The teachers employed in teacher training institutes are B.A., B.Eds.

At the Teacher training institutes in most of the places the members of the staff do not always have special qualification in pre-school education. It is a major limitation of the teacher training programme.

There are different systems of pre-school education at work which include care, education, nutrition and health care given by a variety of workers. Generally S.S.L.C. or an equivalent standard is prescribed as minimum qualification for a worker in the programme. In some cases, those who have failed in these examinations are also considered for training and employment. For teachers or workers in rural Balwadis, the qualifications are further reduced to the 8th standard. The duration of training and programme contents vary accordingly. The problem is to ensure minimum standards by doing intensive work on the available persons at various stages of development. It is also reported that after satisfactorily completing training, workers leave jobs for better prospects.

This brings us to the working conditions. Most of the positions are temporary. Payments vary from Rs. 20/- per month as honorarium to Rs. 210/- maximum basic salary. There is a general effort to bring salary scales of workers in pre-primary schools to the level of those in

the primary schools. Minimum requirements and pay scales of Balwadi workers in rural areas are comparatively lower than in Urban areas. But the situation is changing. In Haryana, the Central Social Welfare Board has agreed to fix the pay scales of the Balwadi teachers in the Demonstration Projects according to Government rules. In Maharashtra these have been already equated.

The basic qualifications of those engaged in these schools at present show great variation. With new policies the new-comers might get uniform and fairly satisfactory condition of service.

It is said that in Andhra Pradesh most of the workers are trained. Unless the number of pre-school education centres goes up, the State is likely to face problem of unemployment of trained personnel. But the trained unemployed might start institutions on their own and might with grant-in-aid programme contribute to the expansion of the service with additional coverage, is the approach followed in another state.

### **Pay scales**

Those in charge of education-care programmes are paid at various rates, Rs. 20/- to Rs. 25/- as honorarium to a maximum of about Rs. 210/- basic. The salary depends on the length of time the programme runs every day, the location-rural or urban-qualifications and training of the worker concerned. But conditions are highly uneven. Efforts are afoot to level them. The process may spread over a number of years. What is important is that it has been initiated. At present there are too many changes in the staff as people with training, orientation and experience move to better paid positions.

### **Organisational structure and Supervision**

Pre-primary education does not have a separate organisational structure in any of the States under any auspices. It forms part either of Social Education, Primary Education or Development Department Schemes.

Family and Child Welfare Projects of the Central Social Welfare Board have a Functional or Implementation Committee at the field level where various fields and departments are represented with due representation to the community. Mukhya Sevika does the supervision.

In the Labour Welfare Board in Gujarat there is a supervisor appointed specifically for Nursery schools. Generally, inspectors, supervisors and officers in the departmental hierarchy supervise the functioning of the pre-primary institutions. They do not necessarily hold special qualifications in nursery education. The need of trained persons is felt. Creation of posts of Assistant Directors of Education (pre-primary) is contemplated. In Delhi, the Municipal Corporation is proposing to appoint 3 supervisors exclusively for nursery schools.

### **Co-ordination**

Education and care programmes make use of health and Applied Nutrition Programmes. Attempts are made in these programmes to bring about co-operation and co-ordination. Central Social Welfare Board has fairly satisfactory relationships with most of the departments. In most of the cases, co-ordination and co-operation is achieved, however, through individual leadership in the departments than through any formalised arrangements. In some States, on the other hand some programmes function in an isolated manner.

### **Research and Evaluation**

In Maharashtra, some studies have been conducted to evaluate the performance of aided training institutes by the State Institute of Education. The Directorate of Public Instruction in Andhra Pradesh has undertaken a survey of all the education institutes for Children of pre-school age-group aided, non-aided and those operated on commercial lines. The Department of Social Welfare in Haryana has appointed a special officer to study the functioning of all the relevant educational institutions. State Social Welfare Advisory Board, Gujarat, is likely to undertake such a survey. Most of the Departments are planning to expand the programmes for pre-school children.

### **General Observations**

Educational programme in the pre-primary institutions run or aided by the Department of Education in the states visited, is educationally well organised. In most of the schools, syllabi are framed and followed. The atmosphere, however, is more formal than it is in similar other institutions in rural areas. Generally these schools are run in the urban or semi-urban areas. Only the Gujarat Directorate of Education has reported 465 schools aided by the Department in the rural areas. The Inspectorate's work covers all the aided and directly run schools.

The tendency is more towards giving grants in aid. Grants given by the Directorates of Education are meagre (8% to 12% of the admissible expenditure) in some States and the conditions and procedures, complicated. As a result some voluntary organisations preferred working the schools on commercial lines than seeking grants from the Directorates. There are also pre-primary classes attached to primary schools in many States now.

The Directorates of Education are participating more directly in the teacher training programmes, although, here too, the directly run institutions are only 8 to 10 out of the total of 57 in 9 States.

### **Welfare Services**

*Central Social Welfare Board : (in 11 States and 2 Union Territories visited) : The distribution of Balwadis was as follows :*

Balwadis under Family and Child Welfare (FCW) Projects	9,76
Balwadis under Welfare Extension Projects ((WEPS) integrated child welfare projects, Mahila Mandals and those aided under one-year grants, etc.	2,996
	Total : 3,972

Care-education elements prevail in these Balwadis. Most of these Balwadis are run in the rural areas. The Balwadis under urban WEPS or Pre-School Projects in urban neighbourhoods and some of the pre-primary institutions aided under one year grants, are run in the urban areas.

According to a Note on the Activities of Welfare Extension Projects prepared by the Maharashtra State Social Welfare Advisory Board, "The Balwadis comprise of a section of the age-group between 2½ to 6 years of age. Through this activity (incidental activities, bathing, changing of clothes, provision of indigenous toys and feeding, etc.) an attempt is made at informally educating children through play and recreation. It is emphasised that inexpensive locally available indigenous toys are provided to make the children familiar with the environment in which they are normally expected to grow".

The programme content of the institutions run by Mahila Mandals is more of the nature of care of children than of education. The resources at the disposal of these voluntary organisations are limited. They do not always have trained personnel or the equipment needed for work with children to carry out the programmes in a satisfactory manner. The institutions, nevertheless, provide children with an opportunity for experience of group life and exploration outside the home environment. There are, however, some organisations, reported by the State Boards, who are doing good work not because they have financial resources but because they have resourceful leaders; one happy example being Ahmedabad Zilla Samaj Kalyan Sangh.

The pre-primary schools aided under the one-year grants-in-aid programme have a mixed character. Some of these institutions are run merely to prepare children for the primary schools, where examinations are held and children are burdened with the learning of the three R's. In the past few years, the quality of the programme has improved due to the supervision by the members of the State Boards.

The content and quality of the programme of these institutions directly run or aided by the CSWB varies greatly but in many States, the State counterparts of the Central Board are the only or at least the major agency working for providing education-care services for the pre-school child. For example the Bihar State Social Welfare Advisory Board is the only agency providing education and care or welfare services

whatever may be the name given to the programme, to the pre-school child, there. In most of the other States like Himachal Pradesh, Madhya Pradesh, Uttar Pradesh, Tamil Nadu (partly due to the integration of the State Board with the Directorate of Women's Welfare) and Maharashtra, State Boards are the major agencies in providing welfare services to the pre-school children, in rural areas.

There is an increasing emphasis on providing better working conditions for the staff and on the recruitment of trained personnel in the institutions run or aided by the CSWB.

### **Community Development Department**

There are 2751 Balwadis in 6 States run under the Department of Community Development. The department is running a large number of Balwadis in the Applied Nutrition Programme (ANP) as well as non-ANP blocks. The Balawadis are the responsibility of Gram Sevikas who organise children's activities in the morning and activities for women in the afternoons and evenings. In many cases, these Balwadis merely serve the purpose of providing an opportunity to have an access to pre-school children for feeding under ANP. In the non-ANP Block Balwadis more extensive activities are arranged for children. In some of the States, orientation is given to Gram Sevikas for running Balwadis but generally the training and orientation programmes are not very seriously undertaken as far as the children's programmes are concerned.

The qualifications and salaries of the Staff are fixed at low level, due to the fact that Balwadi work is considered part-time, consuming 2 to 4 hours a day only, on an average.

### **Department of Social Welfare**

In Madhya Pradesh the Department runs 8 Balwadis directly and aids 1,815 Balwadis. The pre-primary institutions are of a very mixed character. These are run by voluntary agencies which are not aided by the State Social Welfare Advisory Boards. The grounds on which these organisations are aided directly by the Department and not through the State Boards are not clear. The nature of the programmes is more or less similar to that in the schools under one-year grant's programme except that these organisations are not always in the urban areas.

### **Labour Welfare Boards in Maharashtra and Gujarat**

There is an emphasis on educational programme with a considerable stress on supplementary feeding. There is a specific provision for equipment, in both directly run and aided pre-primary schools. The teachers are expected to be trained and in almost all the schools there are trained teachers. The schools are run from 9.30 A.M. to 4 P.M. and they provide multifarious activities for children. The programme includes personal hygiene, habit formation, cultural and recreational activities, excursions (in Gujarat) and playing with apparatus and toys.

The aided part-time schools are run only for two hours by a teacher not necessarily trained. In Gujarat, only initial equipment is provided. The community or the organisation running these schools are responsible for providing equipment later. There are 78 directly run and 53 aided full time schools and 26 part time but aided schools.

**Directorate of Women's Welfare (Andhra Pradesh)** had 1,302 pre-primary schools and 38 Day Care Centres and Balvihars.

**Department of Women's Welfare and State Social Welfare Board (Tamil Nadu)** organises and aids pre-primary schools; and pre-basic classes. The pre-basic classes run by 48 women's welfare branches are organised from 9 A. M. to 3.30 P. M. after which the worker is required to visit homes of children. The number of directly run pre-primary schools is 1,137 and of aided 82.

Department of Tribal Welfare in Madhya Pradesh and Department of Labour in Andhra Pradesh run 14 and 11 schools respectively, for pre-school children.

#### **Services for children (1-6 years) under labour Department**

63 Labour Welfare Centres there are in 12 States and 29 in 4 Union Territories. Recreational facilities are provided for all age-groups. Children of pre-primary age-group are covered here.

TABLE III  
Creches for children of 1-6 year age-group\*

Creches	No. of factories employing 50 or more women workers	No. of creches	No. of Beneficiaries
In 1964	10,167	753	23,576
Factories 1969	Exact figure not available	850 to 900	above 30,000
Mines 1967-68	"	806	12,075
1969	"	850	12,750
Plantations	"	1,387	
1966		2,450	above 36,800
1969			

Thus in 1969 there were 42,000 (approx.) creches in the country benefiting 80,000 children (approx.). Of these 2015 creches are in Assam (557 main and 1458 Satellite creches), 209 in Tamil Nadu and the rest in Kerala and U.P. Nearly all the creches provide milk.

\* The figures given in the above table are approximate.

Coal Mines Labour Welfare Fund is running 5 creche-cum-kindergarten institutes as a pilot project.

The agencies providing the facilities of creches for children between 1 and 3 years are Central Social Welfare Board, Departments of Labour Welfare, Directorates of Women's Welfare and State Social Welfare Boards.

### **Recreation**

No specific recreational programmes are organised under any of the auspices in any of the States for the pre-school child. Labour Welfare centres run by the Departments of Labour in different parts of India have recreational facilities for children and adults which are sometimes shared by children below 6 years too.

In Maharashtra, the Department of Education has prepared a scheme for play centres to be attached to primary schools for children, below school-going age, accompanying the primary school pupils to the school. It is proposed to open 250 centres in the next 5 year period, on an average 50 centres a year. A provision of Rs. 6,000 per year has been made for this programme. Equipment for these play centres worth Rs. 1,25,000 has been provided. One of the primary school teachers or an ayah will be entrusted with the responsibility of organising these centres. Some allowance will be paid to them for this additional responsibility.

It was convenient to review education—care and recreation programmes together and that is what we attempted so far. Health and nutrition services are closely allied programmes. We shall review them now.

### **Health**

The Maternity and Child Health/Welfare centres and Primary Health Centres are the two chief institutions covering the pre-school child. Hospital services also deal with this age-group. The number of hospital beds is inadequate and at best a part of the needy children and mothers could be said to have been covered through the provision.

In the States visited, the number of MCH Centres is 10,235. Primary Health Centres (PHCs) numbered 4,016 with 5,583 sub-centres. Besides, there are paediatric wards and beds for children in various hospitals. For example in Rajasthan, there are 21 Paediatric wards and Gujarat has 448 beds for children scattered in District Hospitals.

Precise information regarding the number of beneficiaries was not available. One health visitor was, however, it was said, was expected to cover 40,000 population and an ANM 5,000 population. Figures about immunisation were also very sketchy. Information about beneficiaries of triple vaccine is available only in 4 States. The beneficiaries numbered 2,42,392. The States and Union Territories concerned were

Bihar, Delhi, Andhra Pradesh and Tamil Nadu. Only 2 States mentioned that BCG vaccination was given to children. Their number was 4,21,388. In other States also polio and BCG vaccinations were given. Our information is that these programmes are, however, operating on a very limited scale and function in a disultory way. Children are covered by the general inoculation programmes like vaccination against small-pox and cholera, etc.

In 7 States, drugs and diet supplements are being distributed from MCH Centres and PHCs.

In most of the cases, information about finances, budget provisions and expenditures was not separately available. Working out costs on proportional basis was also not easy as conditions varied from place to place. In Uttar Pradesh, money allotted for medicines and rent, etc. per MCH Centre for one year is said to be ridiculously small. MCH Centres in Bihar are attached to the PHCs. The Budget allocations for 63 Government MCH Centres was Rs. 8.20 lakh and expenditure of Rs. 5.13 lakh was incurred in 1969-1970. In Punjab for 120 PHCs, the allocation in 1968-1969 was Rs. 9 lakh. This should give us an idea of provision for a centre.

Supplies are procured generally from the Central Research Institute Kasauli (drugs, etc.). UNICEF equipment is being used in two States.

In 9 States, the number of Auxiliary Nurse Midwives in position, is 9,490 and that of Lady Health Visitors in 3 States was 3,276. In Madhya Pradesh and Gujarat there is acute shortage of ANMs. In Himachal Pradesh there is shortage of trained staff in the Health Services. On the other hand, Andhra Pradesh and Mysore are fearing threat of unemployment of trained personnel MCH Centres and PHCs in Punjab are generally fully staffed.

In 8 States, there are 120 training centres for ANMs with a turn out of approximately 2,000 trainees per year. In 7 States there are 16 Centres for training Lady Health Visitors with a turn out of 474 trained persons per year. Dai's are generally trained at PHCs.

Orientation and refresher courses of Health personnel are organised in some States.

Health Departments particularly have co-ordination with Community Development Departments under ANP which covers children of the pre-school age.

#### **Research and Evaluation**

In Haryana, there has been a study on the 'Acceptance of vaccination in the age-group 0-5 years'. Health surveys have been undertaken in Punjab. In Maharashtra a Pilot Project in Field Operation is being organised. Gujarat is preparing Health Folders to provide cumulative health record of the child, which Andhra Pradesh has already done.

In Madhya Pradesh, Child Health Officers are being appointed one in each district. Expansion of immunization against diphtheria, pertussis and tetanus is one of the major programmes for the immediate future.

### Nutrition

The general trend appears to be to integrate nutrition work with health services. There is also emphasis on nutrition education.

The Nutrition programmes are as follows :

1. Prophylaxis against nutritional anaemia ;
2. Prophylaxis against blindness ;
3. Crash nutrition programme ;
4. Demonstration feeding under ANP ;  
and
5. General feeding programmes.

Programmes indicated against (2) and (3) above have been started during the year 1970-71 and are centrally sponsored.

The nutrition programmes are operated through health centres, balwadis or nursery schools and in some cases organisational resources of voluntary agencies are used. Only in Maharashtra, the Labour Welfare Board has established a central kitchen and children are served in their schools from there. In Tamil Nadu recently a centre has been started for feeding children in an industrial area, specially for feeding children in low income groups of industrial workers.

Children between 1-6 years who are benefitting from various programmes number 10,11,087. Children served by crash nutrition programme for 0-3 year age-group, are 1,86,571 out of this total. 67,151 children are covered by demonstration feeding given twice or thrice a week. The feeding programmes of the Directorate of Health covered 5.37 lakh children, the Directorate of Tribal Welfare in Madhya Pradesh 2 lakh children and Labour Welfare Boards, 12,200. Department of Harijan Welfare in Andhra Pradesh looks after 2,765 children.

In two states evaluation of feeding programme has been undertaken by nutrition divisions of Health Directorates.

While accurate detailed State and Union Territory wise figures were not available, the number of children kept on changing as the programmes are expanding. And yet one only gets a feeling that the number of children must be running only in lakhs. The plans are made, implemented, reviewed revised and further continued to be operated. The situation is too fluid.

### Summary of Findings

1. There appears to be a greater awareness among people at various levels in and outside government on the necessity of paying greater attention to meeting needs of children under six years of age during which

period major physical, mental and emotional development takes place at a faster rate.

2. Under pressure from people, government seem to be increasingly inclined to formulate policies as that would be conducive to the rapid growth of organised facilities for pre-school education.

3. Pre-school education-care programmes in governmental and voluntary sectors have grown under various auspices and it is necessary for the efficient use of both material and human resources invested in them, to bring about closer co-operation and co-ordination among them by promoting formal and informal institutional arrangements.

4. As a large number of children are not likely to have facilities for institutional pre-school education, and as most of them would be outside the influence of organised services, a programme for parent and community education in relation to the needs of the pre-school child may be usefully undertaken.

5. In relation to the health needs, coverage under preventive and promotive measures needs to be expanded, gaps in the present network of services be filled up and quality of service improved by more concerted efforts.

6. Even the immunisation and prophylaxis work programme cover a small percentage of children and those who are covered are also not efficiently and effectively covered. Relevant action has to be streamlined.

7. Parents and communities should be involved in health, nutrition and education programmes, if right approach was followed. In villages of Gujarat, in cities like Bombay and Delhi, citizens themselves—have set up services and are managing them mostly on their own and much better than expected. But even here thinking prevails as elsewhere as to why not leave the things to others particularly government, instead of doing it themselves in a self help way. In some States in political and administrative quarters not much enthusiasm prevails about the sizeable involvement of people and its variety of uses in improving and expanding services needed by the pre-school child.

8. Health and nutritional work are getting integrated in governmental administration. If the education and care programmes get consolidated and if centres of pre-school education-care and health services work more closely, the pre-school child is likely to have a better deal.

9. Statistical data has to be compiled and research in relation to services with the pre-school child as the focus, needs to be undertaken on a more systematic and greater scale.

10. For expansion of services locally available resources need to be used to the maximum and such techniques need be evolved as it would

help meet needs of large numbers of the pre-school children better.

11. In the programmes for children of 1 to 3 years of age there is greater emphasis necessary on health and nutrition services and in the programmes for children of 3 to 6 years, there is need for greater emphasis on the educational and care element. Both education and care programmes are of technical character and both the elements need to be appropriately and adequately interwoven in the programme.

12. The role of recreation in the development of the pre-school child need to be better recognised and appreciated and with the help of imagination, ability for improvisation and aids available in the local environment appropriate adequate action should be taken by all concerned.

13. There is a need to look into the training and development programmes of those who work with the pre-school child and their conditions of work.

14. Some administrative structure above the field level needs to be built up to provide the much needed supervision and guidance. Persons working in it should not be rigid in outlook and actions.

These are some of the conclusions we are inclined to draw in the light of our study, and we hope they will serve as indicators of the present needs and trends in relation to the services for the pre-school child. We also hope that time will prove that we are not falsely optimistic.

## **MOBILISATION OF RESOURCES FOR SERVICES FOR THE PRE-SCHOOL CHILD**

O. P. MITTAL

The development of appropriate and effective services for the pre-school child calls for an understanding of the goals, roles and scope of a variety of specific programmes in relation to overall national objectives and the entire range of economic and social measures which are adopted or envisaged for their attainment. Within a somewhat narrower framework, the establishment or extension of services for the pre-school child has to take into account the existing programmes and development plans in closely related fields as health, nutrition, education and social welfare.

The mobilisation of resources to meet the needs of the pre-school child may imply all additional demands for better equipment and services that would be required in reaching certain minimum standards of education, health and general well-being of the children in the age group 1-6 years, which for the time being are not effective because of low incomes of the people and inability of the community to provide them. This may call for a concerted collective action within the framework of our democratic society through public policy measures and contribution of volunteers. The implications of such policy measures would be partly diverting the available resources to meet the needs of the pre-school child from certain other items of economic and social development and partly to evolve ways and means to raise additional resources. The fact, however, remains that the social needs of the pre-school child are immensely large while resources to meet them are too small to make any appreciable progress in this direction. The pre-school child is faced with many hazards in the form of mal-nutrition and exposure to many diseases and needs adequate health, recreational and educational facilities in the form of various institutional and non-institutional services. The population growth can, however, be a crippling handicap in the existing schemes. Since our population in relation to resources is already large enough and economic development is in a desperate need of additional resources, the growth rate would largely depend upon its ability to direct a larger part of its growing resources to investment rather than current consumption. A growing population with a high proportion of dependent children will

find it difficult to do so. If the population keeps growing rapidly, the major part of investment and national energy and effort may be used up for merely maintaining the existing low standard of living and it would be difficult to improve and strengthen the continuing programmes and we may not be in a position to launch any new services for the pre-school child. Population growth thus presents a very serious challenge for the conservation of resources.

### Plans and Resources

Planning in India has aimed at the efficient exploitation of resources of the country for raising the standard of living of the people through measures which also promote equality and social justice. It has been realised that for government to take a more dynamic role in accelerating the pace of development, spreading its benefits widely, it must have greater command over the economic resources of the country. While there has been some progress in this direction, much remains to be done to strengthen the financial capability of the Centre and the States to discharge their responsibilities. Special attention has, therefore, to be paid in stepping up domestic savings and resources in the hands of the government to enable it to plan and implement programmes with social purpose; including the services for the pre-school child.

The following table would indicate the expenditure figures on social services vis-a-vis the total plan expenditure during the last three plans and the annual Plans 1966-69 and the outlays provided in the Fourth Plan:

(Rs. crores)

<i>Plan period</i>	<i>Total Plan</i>	<i>Outlay on Social Services</i>	<i>Percentage</i>
1	2	3	4
1st Plan (1951-56)	1960	412	21.0
2nd Plan (1956-61)	4672	770	16.5
3rd Plan (1961-66)	8578	1354	15.8
Annual Plans (1966-69)	6756	894	13.2
4th Plan (1969-74)	15902	2579	16.2

A perusal of the table would indicate that although there has been substantial increase in the total outlays on social services sector the percentage of resources allotted for these services after the initial decline has remained more or less static since the Second Five Year Plan.

The total resources for the Fourth Plan have been worked out at Rs. 24,882 crores of which Rs. 15,902 crores would be available for financing the public sector plans and Rs. 8980 crores for financing private investment. The social services sector has been provided an outlay of Rs. 2,579 crores being about 16 per cent of the total plan outlay in the public sector. Separate figures for services which may be exclusively for the pre-school child are not available nor it is feasible to sort out as these have been part of the various integrated services in the fields of health, education and social welfare. Annexure 'A' would indicate the distribution of public sector outlays amongst Centre, Centrally Sponsored, States and Union Territories and the distribution of outlays under various Social Services heads of development. The graphs showing Public Sector outlays and expenditure for economic and social services sectors during the Third Plan, Annual Plans (1966-69) and the Fourth Plan (1969-74); and similarly the State Plan outlays and expenditure are given at Annexure 'B' and 'C' respectively. It may incidentally be mentioned here that the assessment of resources for the Fourth Plan has taken into account the award of the Fifth Finance Commission, the nationalisation of the fourteen major commercial banks, re-orientation of investment policies of L. I. C. and the Employees' Provident Fund and the more recent trends in receipts and expenditure of public authorities. The assessment is based on consultation with the Central and State Governments, Reserve Bank of India, L. I. C., Provident Fund Commissioner and the undertakings of the Central and State Governments<sup>1</sup>. The share from the total kitty for services for the Pre-school child is, however, very small.

The largest single source for financing services for the Pre-school child would indeed be the general revenues of government. Ensuring an adequate tax system, the financing of social services through public revenues seems to offer the most efficient way of balancing available resources and the services required on country-wide basis. The financing of services for the pre-school child may further be supplemented in different ways. There may be specialised methods of financing a particular project. For instance, the All-India Congress Committee at their Bombay Session had recommended Children's Cess to finance various programmes for the welfare of the child. The Madhya Pradesh Government have already enacted a legislation to levy cess through local bodies to assist destitute children. There may be certain obvious attraction in the use of such earmarked taxes. It appears to provide the services an assured source of income on long-term basis. This may be one way of reducing the number of programmes dependent on general revenues and of restricting thereby the field of competing demands. There may, however, be certain drawbacks in the operation of earmarked taxes. The reaction of the general public may have to be studied carefully as such methods may

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1. Fourth Five Year plan (1969-74), Planning Commission, 1970, P. 71.

have certain social repercussions. On the other hand the operation of selected services for the pre-school child say Balwadis or nutrition programmes may be influenced more by unforeseen and possibly uncontrollable fluctuations in the yield from a particular tax than by the specific requirements of the programme itself.

In India there are religious endowments and Public Trusts with large funds. The First Five Year Plan had stated that "Funds available with endowments and trusts may be an important method of supplementing resources which the State and the private agency can provide"<sup>2</sup>. At present, public trusts and endowments cater to an uncertain and fluctuating body of beneficiaries. Donors who look for spiritual merit believed to accrue from the mere act of giving are generally indifferent to the further use and application of the property donated. Public interests require that the funds at the disposal of trustees are properly utilised. The existing State laws and Central Acts applicable to religious and charitable endowments have done little to acquire the assumption of a positive role and have left both the creation and the administration of public trusts and endowments in private hands. This may be due to the fear that the State interference may dry up the springs of charity and many volunteer leaders may be withdrawn from the social welfare field. However, as there had been mis-appropriation, neither of these considerations may be sufficient justification for tolerating all such elements of waste, anarchomism and anomaly that exist now. The need is for ensuring of a proper functioning of the trusts and a better use of trust funds in furtherance of services for the welfare of the community particularly the children. There may be certain prevailing social, religious, political and economic concepts and interests which may have to be kept in view while exploiting these resources. It would also be necessary that full facts are collected, and the reaction of the various interests analysed before such trusts are involved. It may be advisable to initiate a comprehensive study to indicate not only the quantum of resources available through such trusts but also to show as to how they could play a more active role and contribute towards developing services for the pre-school child.

The national foundations and trusts could also be established to support and expand services for the children but their coverage may rather be limited. The technique of the trust funds does offer the advantage of assuring relatively stable income for designated services in most cases. Like the earmarked tax, the trust funds may also be viewed as a way of ensuring some support for services which might otherwise receive a very low priority in the scheme of development.

In recent years social welfare services, including services for the pre-school child have been financed with the revenues collected through government-operated lotteries. However, a significant limitation

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2. First Five Year Plan (1951-56) Planning Commission, Chapter 36, Para 25.

of lotteries is that they usually leave to chance rather than deliberate design the distribution of the cost of the particular programme or service. The overheads for administrative costs on raising funds from lotteries are also estimated to be very high.

Certain services for children are financed through one or more social security measures, such as the Employees' State Insurance Scheme, Central Government Health Services (C.G.H.S.), etc. The combined financing of this sort may be a way to enlarge the resources available for certain services and may deliberately be designed to establish link between the financial contribution the workers and the benefits to their children. Here again the coverage of such efforts would be rather limited.

There may also be the possibility of charging a nominal fee in order to offset, in whole or in part, the cost of a particular service for the pre-school child. This may, however, have to be gradually introduced, after the services have been accepted in principle and the demand is considerably increased. Here again, only those who are in a position to contribute should pay. The Fourth Plan has stated that above a basic minimum of service in say, education and health, appropriate charges have to be levied on these services, so that those who have ability, contribute their share<sup>3</sup>.

### **Volunteers Contribution**

The activities of voluntary agencies for developing services for the pre-school child are seldom, if ever, an adequate substitute for governmental services available to a large section of the population. Nevertheless they complement governmental programmes in many important ways and therefore full utilisation of voluntary resources may need to be ensured. Although most, if not all, services for the pre-school child require trained staff employed on a full time basis, a variety of important functions in the field can be performed by volunteers. For instance, in certain programmes like the family and child welfare, or nutrition for the Pre-school child, volunteer leaders, with knowledge of the local community and sensitivity to its changing needs, may assist in the adoption of the existing programmes or the organisation of the new ones through their work on functional committees or advisory bodies. Volunteers can also tender useful assistance in enlisting co-operation and participation of the community in the development of new programmes both under official or non-official auspices. One of the outstanding examples in India of mobilising resources to meet economic and social needs is the effort of Vinobaji, who during 15 years of walking bare-footed in the spirit of true pilgrimage, collected 1.7 million hectares of land, identified and encouraged thousands of local leaders and created a climate of voluntary contribution of wealth

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3. Fourth Five Year Plan (1969-74), Planning Commission, Chapter 1—Approach and Policy : Para 1.43—page 19.

in cash and kind for social purposes. There is a vast amount of energy to be mobilised at different levels. Significant leadership resources exist in most communities. To enable the volunteers to make most effective and appropriate contribution, they will be required to be given orientation training to increase their understanding of the programme, and to improve the skills of operating the same. It may be useful for such volunteers to have knowledge of accountancy, supervision, record keeping, child psychology and modern trends in the field to enable them to be effective and to play a positive role in planning and organisation of the services. The voluntary agencies may also play an important role by supplementing governmental services, by undertaking to operate new services for the pre-school child on experimental or demonstration basis. Voluntary organisations have, therefore to be supported and nurtured with care.

To mobilise the services of the volunteers, it may be useful to organise volunteers bureaux at different levels which may (a) discover and define specific voluntary services that are required to be undertaken by voluntary agencies/workers in the areas, (b) prepare an inventory of jobs which could well be taken up by volunteers, (c) list out the names of volunteers in accordance with their interests, aptitude and ability, to perform certain functions in the field of service for the pre-school child, (d) organise or sponsor training and orientation courses which may help the volunteers to perform their functions effectively.

### **International Assistance**

The specialised agencies of the United Nations particularly, UNICEF, UNESCO, WHO, ILO, FAO make it possible for countries in need of technical assistance to draw upon the resources, skills and experience of other nations. They aim at supplementing the efforts of the developing countries towards economic and social development. The aid has been utilised for social services in the shape of assignment of advisers, granting of fellowships, provision of supplies and equipment, organisation of pilot demonstration projects and for undertaking research studies, documentation, establishment of training institutions, etc. The UNICEF alone in India had provided assistance to the extent of Rs. 45 crores by 1968, subsequently about Rs. 12.5 crores had been earmarked for various child welfare programmes (Annexure 'D'). In the field of public health, UNICEF spent about Rs. 27 crores during the last 20 years. This money has mostly been used to strengthen maternity and child health and family planning services. However, one of the observations made on international assistance received through various specialised agencies of the United Nations and other International Organisations had been that the projects were of ad-hoc nature and in many cases were not based on definite policy in terms of priorities. The availability of such aid depended in many cases on departmental initiative and the

various influences exerted to get through the aid rather than the merit and overall priority of the project. It is to be considered that by the very nature of operation of various programmes in diverse forms by different agencies it may not be easy to co-ordinate their efforts to ensure maximum results. However, the Resident Representative of the U.N.D.P. had indicated that a clear focus and closer integration of their assistance may be feasible and desirable and beginning from 1971 an attempt would be made to achieve this by identifying certain activities for which the government believes U.N.D.P. assistance to be particularly useful<sup>4</sup>. In this background assistance would be planned for a period of time in accordance with certain priorities.

In recent years certain foodstuffs and other material in substantial quantity have been made available under a variety of international governmental and non-official programmes. This may be an important area for planning and expansion of services, improving the nutritional standards, effecting improvements in training programmes and betterment of supervision of services. However, from the point of perspective planning, it should be considered carefully that supplies should not be based on items (i) which are inappropriate taking into consideration the categories and levels for which the programme is intended and (ii) whose supply cannot be maintained or replaced after the external aid is withdrawn.

### **Research**

It would be worthwhile to examine how research can be a resource and remedy to meet the needs of the pre-school child and as to how can research help in relating resources to needs. One of the ways of doing so would be to appraise the community and the State of the factual position objectively and make them aware of (a) nature of need and inter-relatedness of needs (b) extent of need in a given area, (c) consequences of neglect, and (d) possible solutions. The research may also indicate applicability needs of programmes developed elsewhere to our needs, and point out operation problems and suggest ways and means of improving and expanding activities. However, the danger of research being used to escape action should be guarded as criticism had been made that it is being used often to cloud real issues and postpone action.

### **Needs for Co-ordination**

In the early stages of development of services for the pre-school child when the resources are very limited, it would be necessary to evolve procedures for co-ordination amongst allied services and to build up an integrated approach to derive maximum benefits of the available resources. For instance the Public Health Centres and their Sub-Centres may be

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4. Development through International Participation—Dr. John McDiarmid, Resident Representative, U.N.D.P. in India—Yojana, October 18, 1970, P. 133-134.

utilised not only to provide health and family planning services but may become nucleus or institutional base for operating a variety of developmental services for the pre-school child, especially with regard to improving nutrition status, education to mothers in child care, homecraft, mother-craft, improving food and dietary habits, etc. Similarly, the Grahya Kalyan Kendras (Family Welfare Centres) under Family and Child Welfare programme could not only organise their own Balwadis and women training programmes but also provide necessary facilities for health and nutrition programmes, etc. A rural school could be called on to spare accommodation and other facilities for running or supervising the Balwadi programme as also to function as a recreation centre for children. These could also function as distribution centres for the nutrition programmes. It would thus be advisable that at the local level, a number of programmes in allied fields of health, education and social welfare may be associated at a single operational base such as a community centre, public health centre and its sub-centres, Grahya Kalyan Kendras/Bal Vikas Kendra, a village school, etc. With or without such an administrative framework, a block level functional committee of officials and non-officials would be useful for communication and co-ordination to ensure maximum mobilisation and utilisation of the local resources.

To conclude, it may be reiterated that the services for the pre-school child may have to depend largely on finances to be provided by the governmental agencies out of general revenues. However, these may need to be supplemented with the proceeds from earmarked taxes, by government operated lotteries, by mopping the un-utilised resources lying with religious endowments and public trusts, through the establishment of a National or State Level Children Foundations or Trusts, through various forms of voluntary contribution and through international assistance. Research in and co-ordination of programmes may also play a vital role in conservation of resources. Each of these measures is likely to have its own inherent limitations, depending in part at least on traditional religious beliefs prevailing in different parts of the country and socio-economic policies followed by the Central and the State Governments.

The needs of the pre-school child are immensely large and the resources are inadequate to meet them and therefore what is required is planned effort to strike a balance between the two in such a manner that there is proper investment in health, education and welfare services which may help in raising better efficiency and thus at the same time be increasing the resources to meet the future needs. What is implied may be that the meeting of the needs of the pre-school child may be so focussed that these itself create the resources needed in the near future. At the same time it would not be advisable to initiate all kinds of services for the pre-school child which one finds in the advanced countries. Great

care may have to be taken to exert the utmost discrimination and flexibility in adapting the conventional measures to suit the local needs to ensure maximum utilisation of the available resources.

### **Issues for Discussion**

Based on the analysis made in the paper the main issues for consideration at the Seminar may be as follows:

- I. Methods for ensuring allotment of resources for organisation of adequate services for the pre-school child in the Five Year Plans.
- II. Specialised methods of financing services for the pre-school child—advantages and limitations —
  - (i) earmarked taxes in the form of cess or levy;
  - (ii) utilisation of religious endowments and public trusts;
  - (iii) setting up national/state level foundations;
  - (iv) organisation of lotteries;
  - (v) social security measures; and
  - (vi) charging of fee in order to offset in whole or part, the cost of a particular service.
- III. Role of volunteers contribution in mobilisation of resources in the form of (i) man-power needs, (ii) finances, (iii) equipment and supplies and (iv) actual operation of programme.
- IV. International assistance — scope and limitation in the area of
  - (i) assignment of advisers, (ii) provision of supplies and equipment, (iii) organisation of pilot demonstration projects, (v) undertaking research studies, and (v) training programmes.
- V. Research — how it could be a resource and remedy to meet the needs of the pre-school child.
- VI. Co-ordination as a technique for conservation and maximum utilisation of resources.

**Distribution of Public Sector Outlays : Centre, Centrally Sponsored States and Union Territories for Social Services during the Fourth Five Year Plan**

(Rs. in crores)

Sl. No.	Head of development	Centre	Centrally Sponsored	Union Territories	States	Total
1	2	3	4	5	6	7
1.	Education	241.00	30.00	51.77	499.89	822.66
2.	Scientific Research	140.26	—	—	—	140.26
3.	Health	53.50	176.50	19.28	184.25	433.53
4.	Family Planning	—	315.00	—	—	315.00
5.	Water Supply and Sanitation	3.80	2.00	43.33	358.16	407.29
6.	Housing, Urban and Regional Development	48.60	—	21.33	167.10	237.03
7.	Welfare of Backward Classes	0.50	59.50	4.95	77.43	142.38
8.	Social Welfare	27.43	2.00	1.41	10.54	41.38
9.	Labour Welfare and Craftsmen Training	10.00	—	2.88	27.02	39.90
<hr/>						
	Total	525.09	585.00	144.95	1324.39	2579.43

**PUBLIC SECTOR OUTLAY AND  
EXPENDITURE ON ECONOMIC  
ITEMS AND SOCIAL  
SERVICES SECTOR**

Rs. Crores

16000

14000

12000

10000

8000

6000

4000

2000

0

Rs. Crores

16000

14000

12000

10000

8000

6000

4000

2000

0

THIRD PLAN

1961-66

(EXPENDITURE)

ANNUAL PLAN

1966-69

(EXPENDITURE)

FOURTH PLAN

1969-74

(OUTLAY)

AGRICULTURAL &  
ALLIED PROGRAMMEINDUSTRY, POWER &  
TRANSPORTSOCIAL SERVICES  
AND OTHERS

## STATE PLAN OUTLAYS AND EXPENDITURE ON ECONOMIC ITEMS AND SOCIAL SERVICES

Rs. Crores

7000

Rs. Crores

7000

6000

6000

5000

5000

4000

4000

3000

3000

2000

2000

1000

1000

0

0

THIRD PLAN      ANNUAL PLAN      FOURTH PLAN  
 1961-66      1966-69      1969-74  
 (EXPENDITURE) (EXPENDITURE) (OUTLAY)



AGRICULTURAL &  
ALLIED PROGRAMME



INDUSTRY, POWER &  
TRANSPORT



SOCIAL SERVICES  
AND OTHERS

## ANNEXURE 'D'

## UNICEF ASSISTANCE—1968-71

## 1968-69—Allocations

<i>Sl. No.</i>	<i>Programme/Project</i>	<i>Amount allocated</i>	<i>Concerned Ministry</i>
1	2	3	4
1.	Health Services	1,462,000	Dept. of Health
2.	Health Services (medical training)	150,000	Dept. of Health
3.	Family & Child Welfare	123,000	Dept. of Social Welfare
4.	Applied Nutrition Programme	1,915,000	Dept. of Community Development
5.	Science Education	1,203,000	Ministry of Edn. & Youth Services
Total :		\$ 4,929,000	

## 1969-70—Allocations

1.	2.	3	4.
1.	Health Services	2,764,000	Dept. of Health
2.	Family & Child Welfare	220,000	Dept. of Social Welfare
3.	Milk Conservation	300,000	Dept. of Agriculture
4.	Applied Nutrition Programme	750,000	Dept. of Community Development
5.	High Protein Food Development	150,000	Dept. of Food
Total :		\$ 4,184,000	

ANNEXURE 'D'  
(Continued)

1970-71—Allocations

1	2	3	4
1.	Health Services	2,296,000	Dept. of Health
2.	Health Services Rural Water Supply	1,778,000	Dept. of Health
3.	Applied Nutrition	786,000	Dept. of Community Development
4.	Nutrition — Food mixture for children	100,000	Dept. of Food
5.	Nutrition — Milk conser- vation "Operation Flood"	1,500,000	Dept. of Agriculture
6.	Family & Child Welfare	171,000	Dept. of Social Welfare
7.	Education (Science Education)	850,000	Ministry of Edn. & Y.S.
8.	Project preparation Integrated services for Children & Youth in Urban Areas	100,000	Dept. of Social Welfare
<b>Total</b>		<b>\$ 7,581,000</b>	

and areas and, as far as educational services are concerned, the 1978-79 Annual Report of the Central Board of Secondary Education has furnished a comprehensive information from various sources regarding the educational facilities given to pre-primary and primary school children in India. Among all these factors, the basic criterion for determining quality of service and its availability is the extent to which the services are available to the child at the time of his entry into the system.

## **PARENT AND COMMUNITY INVOLVEMENT IN SERVICES FOR THE PRE-SCHOOL CHILD**

(Smt.) MANU DESAI

The nature, scope quality and direction of a programme greatly depends upon a clear perspective of the needs, goals, services available, the quality of the service personnel, as well as the nature, scope, levels and quality of involvement of the people and other resources available to the services.

In the first part of the paper, attempt is made to briefly give characteristics of the child population from 0 to 6, identify their basic needs and review the health, nutritional, educational, recreational and welfare services already developed for the age group under consideration. In the second part gaps in services and existing pattern of parent and community involvement are discussed. Such analysis, it is hoped, would help to identify the possibilities of diversifying and intensifying parent and community participation on a planned and objective basis, for the group under consideration.

There is a growing awareness, that the success of a programme depends as much on planning, personnel and resources as in the involvement of the groups immediate and periferral, the emphasis is on integrated approach, involving a dynamic partnership between the personnel concerned with the programmes at planning, organisational and implementation levels, and involvement of the parent and the larger community. The concepts underlying the terms used in the paper are considered essential and hence stated at the outset.

### **THE TERMS USED**

#### **Involvement**

The meaning of the term 'involved' according to Oxford Dictionary is "entangled". In common usage it has more emotional overloading.

However, for the purpose of discussion in the paper, the term has both rational and emotional elements in its connotation. As used in this paper the term involvement of parent and community presupposes that they, have a vital share in upbringing of young children, particularly during their most formative period. In most cases, the parent form an important part of the services for the child in this group, not merely as group interested in the welfare of the child, but as one in need of services for themselves to enable them to play their role adequately and intelligently in the care of their children.

### **The Pre-School Child**

The term pre-school age child for the purpose of seminar discussions covers a wider age group from 1 to 6 than the usual coverage of 3 to 6 years. This wider coverage reflects a growing recognition that the growth is a continuous process, and that there is a carry over of levels of need satisfactions, in all the aspects such as physical, mental, social, emotional, etc., from one stage to another. Such a broader concept helps to avoid sectorial and segmental approach in development of services for the child, particularly during its foundation period from 0 to 6 years. It also minimises the danger of depending on the earlier and less comprehensive definition of the pre-school child, and in the inadequacy, rigidity and inflexibility of the programmes, for them.

### **The Normal Child**

The term 'normal child' is suggestive of the present trend to sustain and strengthen the child in and through the family, and the community. It signifies departure from early preoccupation with the handicapped groups. Such an approach is in keeping with recognition that future of a nation greatly depends upon the present younger generation. An evolution of society must take into account the evolution of its people, in addition to evolution of physical and technical knowledge. A comprehensive and inter-related services, for the child, particularly the age group under consideration, therefore, should cut across the narrow sectorial pre-occupations in relation to health, nutrition, education, recreation, etc., and to create necessary atmosphere for realistic acceptance of the roles and responsibilities of each other—the parent, the immediate neighbourhood, the Government and the voluntary organisations.

### **The Community**

The term community according to MacIver is an organised aggregation of individuals, living in a specific territorial area with certain degree of interdependence and implicit elements of attitudes and feelings

born of this interdependency. For the purpose of discussion in the paper, the term, in addition implies an element of community of interests and commitments beyond the narrow confines of a specific physical area.

## PART I

### NEEDS AND SERVICES

#### Basis of defining goals

The very theme of the paper presumes that it is not enough to ask what the child's needs are but what is needed of the younger generation to enable them become active and responsible participants for the necessary success of a country's plan. It is necessary, therefore, that "every development plan should have as key objectives, the welfare of the child and his preparation for a useful role in life"<sup>1</sup>. This is more important for a country like India where children tend to become the chief victims of stagnation and underdevelopment. These objectives are again to be formulated in terms of social values and ethical norms to be inculcated in the growing child, rather than an appendix, or an after thought. It is significant to note here, that as early as in 1959, the Report of *Renuka Ray Committee* emphasized that women and children should not be treated as separate groups to be served in isolation, but as parts of the wider community. The same report also stressed the need for non-residential services with family as the basic unit. Also that the rural welfare extension programmes be started in the villages where people themselves have expressed the need, to provide the basis for their realistic and effective participation.

#### The basic needs of children

The basic needs of children are, the biological requirements of healthy growth, socialization, emotional security, intellectual stimulation and satisfaction. Levels of need satisfaction in each of the above aspects vary at different developmental levels, for example, the biological need is highest at intra-uterine and infant stages (0-1). For their adequate satisfaction the mothers' physical well-being is of utmost importance. While for the child from 3 to 6 years of age the emphasis is more on socialization, opportunities for physical and motor development, habit training, etc., are more marked.

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1. Planning for the Needs of Children and Youth in Developing Countries, Report of a Round Table Conference : Ed. Dr. Herman Stien, p. 157.

### The child population from 0 to 6

The following table shows that in age group 3 to 6 the population is the highest both according to 1961 census and the figures for 1969.

Age Group	1961	1969 <sup>2</sup>
0 - 1	16,897	18,039
1 - 3	29,429	34,522
3 - 6	38,690	49,134
	<hr/> 85,016	<hr/> 101,695

The lowest being in the age group from 0 to 1 year. To the above figure of the child population 93.36 million mothers in the age group from 16 to 45 may be added to get some idea of the maternal and child population to be covered, at least by health and nutritional services. The reduced mortality rate in India of 126 per thousand live births is four to five times, that prevailing in U.S.A., U.K., U.S.S.R., etc. It is low even compared to some of the developing countries such as Japan, Malaysia, Ceylon, etc. The odds against physical survival which are heavy at the time of birth continue through the first five years of the child's life. About 40% of total deaths in India take place among children below five years of age<sup>3</sup>. Subnormal level of living, malnutrition, unhygienic maternity and child rearing practices are some of the contributing factors. Thus "the size of the population of children and mothers is so vast and the needs for services so varied that any programme of welfare services that may be designed will call for its implementation a united effort of all concerned Government, community and the individual families..."<sup>4</sup>.

### AVAILABLE SERVICES

#### Health and Nutrition

The major responsibility for organising health services for mothers and children is with Central Ministry of Health, Family Planning, Works Housing and Urban Community Development, Ministry of Education & Youth Services, Department of Community Development, Department of Social Welfare, Department of Labour and Welfare. Number of national and international voluntary organisations, inter-Governmental such as Indian Red Cross Society, W.H.O., UNICEF, etc. have also been cooperating in the programme. In accordance to emphasis on democratic decentralisation as recommended by Balvantrai Mehta Committee in 1968, providing maternity services is one of the

2. A Programme for Children: Report of the Committee, Government of India Department of Social Welfare, 1968, p. 7.

3. Dr. Sindhu Phadke: Children and Youth in India, UNICEF, South Central Asia Region, 1966, p. 17.

4. A Programme for Children: Report of the Committee, Government of India Department of Social Welfare, p. 7.

responsibilities of districts, block and village institutions. In urban communities, Local Boards and Municipal Corporations are taking increasing responsibility.

The Department of Social Welfare provides welfare service of day-care centres for pre-school age children, through recently converted Integrated Family and Child Welfare Programme, from the early pattern of Rural Welfare extension and integrated child welfare projects of Central Social Welfare Board.

It is estimated that the proportion of rural mothers receiving skilled assistance at the time of delivery varies from 20 to 50% in different parts of the country. The rest are assisted by the traditional dais. Many mothers after getting ante-natal care from the maternity and child health personnel, take services of dais at the time of delivery because of their easy availability, even after delivery. Proper orientation and regularisation of practice of midwifery by dais is attempted by many States.

Child Health and Welfare Centres organised at various levels, attend to the needs of the child's normal growth. Vaccination against small pox is fairly effective, however, lack of awareness and/or resistance towards B.C.G. vaccination is prevalent even in urban areas. Also most of the mothers are unaware and/or reluctant to immunize their children against diphtheria, whooping cough and tetanus through administration of triple injection. The coverage in terms of facilities is no doubt meagre but even where they exist their full use is limited. Several studies undertaken by Indian Council of Medical Research have indicated that incidence of nutritional anaemia of severe nature exists both amongst pregnant mothers and children particularly of low socio-economic levels and culturally deprived communities. The traditional food habits and low economic levels of family living are equally responsible. To prevent these conditions high protein diet combined with adequate calorie intake is required. Malnutrition and undernutrition constitute one of the most immediate and serious hazards to growth and development of Indian children particularly infants and pre-school age children<sup>5</sup>. The mortality and morbidity rates are highest in this age group (being 40%) in India as against 6 to 8% in developed countries. About 60% of the young children in India have nutritional anaemia. Deficiency of vitamin A is equally startling. Under present nutritional programmes, 2 million children of pre-school age benefit. CARE and UNICEF have continuously been two major international sources providing supplementary food, by way of skimmed milk, corn soya milk, etc.

The need is felt, for education of parents in nutrition, emphasizing the use of balanced diet and its preparation from available resources,

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5. A Programme for Children : Report of the Committee, Government of India, Department of Social Welfare,

removal of the practice of prolonged breast feeding and beliefs, such as pulses are heavy to digest, fish cause worms, green and leafy vegetables cause diarrhoea, etc. From the Third Five Year Plan period (1961-66) an attempt is made to achieve this through Applied Nutrition Programme supported by appropriate training facilities for personnel connected with Agricultural Production, Home Science, Health Extension Work, Maternity and Child Welfare Services, etc. The programme is still at an experimental stage and would need close follow-up and evaluation of its impact on parent participation.

Parent and community involvement to promote the programme of Family Planning with emphasis on 'small family norms' is closely connected with maternal and child health services. Here too, the emphasis has moved from child spacing to birth control, with or without incentive scheme, and recently to population education programme through normal school curriculum towards preparation of the younger generation for the 'small family norms'. The importance of education of target group of about 56 million couples having 3 or more children<sup>6</sup> is visualised, but the tendency seems to be on somehow controlling the population rather than on education, and motivation for accepting small family norms by all, the young and the old.

### **Education**

Pre-school Education in India has moved in two parallel directions. As part of education, it has been left to private initiative with the Government taking practically no responsibility. This voluntary effort is evident in pioneering organisations like Dakshinmurti Shishu Sikshan Sangh of Shri Badheka in 1820 in Gujarat, of Smt. Tarabai Modak and Shri Namle in Maharashtra, of Rukhminidevi and Dr. Arundale in Adyar, and by Gandhiji in Wardha Ashram, developed the programme based on the principles of activity and dignity of labour in relation to pre-basic education.

As part of social welfare services, it has developed in a limited manner in the form of Balwadis in Rural and Urban Welfare Projects of the Government through Central Social Welfare Board. Crèches in factories are obligatory and has number of working women specified under the Factory Act of 1948.

Since Independence, importance of development of the programme for all pre-school children is gradually recognised. However, it is maintained that the Government can assume only limited responsibilities in view of limited resources and the large resources required to provide compulsory primary education. Its commitment has been confined, therefore, to certain strategic areas such as training of teachers, production of teaching materials and evolving methods geared to Indian conditions<sup>7</sup>.

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6. Maximising Citizen Participation for Social Welfare: Seminar Report, 1967, p.20.  
 7. Fourth Five Year Plan—A Draft Outline, p. 312.

This preoccupation of the Government is to be viewed against the findings of the National Council of Educational Research and Training, indicating that majority of children enter the school without any kind of school readiness on their part, as well as on the part of their parent. The same findings relate to it, the high rate of drop-outs and failures in the 1st and the 2nd standards. The Central Social Welfare Board and Community Development Administration through Welfare Extension Projects run 20,180 Balwadis with a total of 600,000 children. In addition, 17 integrated child welfare projects also have Balwadis as their basic activity.

### **R ecreation**

Organised recreational facilities for this age group in the form of play space, particularly in urban areas, suitable play equipments, and play activities under guidance of trained personnel is limited to a small number of Balwadis and nursery schools already mentioned. There is a tendency to think that these children can play by themselves, and that there is no need to waste time and money. Yet the importance of creative play basic to development of aesthetic, muscular, motor and intellectual development of the child, can be best achieved through nursery schools and Balwadis with planned parent participation.

Children's Book Trust, Children's Film Society, Children's Theatre, Library, etc., are other organisations, emerging to provide recreational materials for the child. Their development is still in infancy. A net work of these services is needed to make them easily and cheaply available particularly in rural and tribal areas. Also use of such resources depends upon personnel working with children, parents and community awareness, and definite organisational structure for their involvement.

### PART II

#### PARENT AND COMMUNITY INVOLVEMENT

##### **The gaps, inadequacy and existing pattern of parent and community involvement:**

The foregoing brief review of the needs and services indicate that:

1. There is an increasing awareness of services for the pre-school child with emphasis on the normal child in the family. It also indicates that concentration on services for the health and nutritional care of the child is greater as compared to the services for his socialization, habit training, etc., through Balwadis and parents' education programmes.
2. Majority of child welfare schemes have been developed on an ad-hoc basis, often with shifting emphasis from one plan to another. Consequently the task of frequent reorientation of service-personnel, as well as of the parent and the community, to new schemes has been difficult and time consuming. Ad-hoc schemes, though desirable as an

experiment, tend to be target oriented and suffer from the limitations of long term financial commitment. Creating sustained emotional involvement of all concerned with the welfare of the pre-school child, is not easy under such conditions.

3. The programmes for the pre-school child particularly in relation to health and nutrition have been primarily the responsibility of the Government. Considering the comprehensive coverage desired, this is inevitable. However, the programmes tend to be structured, and the service personnel are not always equipped to elicit intelligent and effective parent and community participation in their implementation. This can be seen from limited participation of the parent and the community.

4. The child welfare programmes though not adequate in coverage have been greatly expanded over the years. And yet they have failed to take roots in the community. Some of the reasons for this situation, are the (a) lack of focus through a comprehensive, and definite policy statement; (b) involvement of several Ministries, Departments and Directorates often not systematically co-ordinated; (c) the tradition of dependency, requiring skilled and sustained handling to involve the parents and the community, (d) and last of all the lack of identification, development and constructive use of local leadership from amongst the parents and the community. It is significant to note here, that even where some sort of local leadership is evolved in the form of 'Panchayat Samities', they are in "poor shape" not because their financial and other powers are limited but because they are unable and unwilling to make good use of such powers as they have, for constructive involvement of the community in initiating and sustaining programmes. It is observed that nearly 80% of villagers are dissatisfied with the working of panchayats because they have become the sources of power struggles and political manouevring<sup>8</sup>. Such a public stricture, even if it is not completely substantiated by an objective study, has important implications. As maternity and child care services are under their preview, under the scheme of 'Democratic Decentralisation' consideration of this state of affairs is imperative for a realistic projection of the fate of future child welfare schemes under their leadership.

5. In a comprehensive programme for the pre-school child, from birth onwards, involvement of the third generation of older persons, regarding the family size, child care, home management, etc., is very important. Particularly in rural areas, they still wield great influence. However, such a programme for young girls and mothers, through educational camps in nutrition, child care, etc., have started under the Family and Child Welfare Scheme of Government of India through Central Social Welfare Board. Results of the latter need to be carefully assessed in course of time.

8. Ailing Panchayats : Times of India, 17th November, 1970.

6. There is uneven and erratic emphasis on education of parent and the community, formal and informal, to create in them awareness of the services for pre-school child and develop positive motivation for their sustained and effective use. This is amply evident in vague and confused understanding of the role of Social Education Organiser in Community Development Programmes and over emphasis on use of medical personnel in maternity and child health programmes to almost total exclusion of welfare extension workers with training in behavioural sciences, and use of social work skills. Even in Family Planning Programmes, recent stress on offering of monetary incentives or withholding of privileges, is likely to divert the attention of organisers and field workers, from the important task of educating the parent and the larger community to develop positive attitude in them for 'Small Family Norms'. It is significant that after nearly twenty years of experiment in Family Planning, the importance of 'Population Education' as part of welfare of the child, the family and the country is only recently recognised.

7. The role of voluntary organisations, has increased in the last two decades in pioneering of new services and development of programmes for pre-school children through their active involvement in raising of funds, participation in training programmes with the Government, and creating community consciousness. Their number and variety have increased at all India levels. Their leadership, no doubt, indicates growing social consciousness and community involvement. However, the self-imposed dual roles in undertaking organisation of programmes on one hand, and of providing platform for exchange of ideas and experiences on part of many national voluntary organisations would limit their effective operation for either. It is hoped that the seminar discussions would not only give much needed attention to this vital issue of their role in mobilising parent and community participation, and the methods to be used, but consider the possibilities of combining them with pioneering of services only on experimental basis.

8. Even a superficial analysis of the active membership of these organisations would reveal that they are often developed and dominated by a handful of voluntary workers. The process of proliferation of voluntary involvement at base level is extremely slow and presents many problems.

#### **Implications for effective parent and community participation:**

Acceptance of the parent, the family and the community, as basic human resources, is vital to consideration of any programme development for their intelligent and effective involvement. Based on this fundamental premises some of the points emerging from consideration of gaps and inadequacies are :

1. What mechanism can be evolved and how, to enable the parent and the community become enlightened partners, not merely in effectively

utilizing the services for pre-school children but in developing, strengthening and sustaining them.

2. At the local level, maintaining frequent personal contacts, with the mothers, individually and in groups, by Balsevikas, is needed for effective involvement of the family in their programmes of health, nutrition, habit training, etc.

3. There is a need for training of the personnel at all levels to develop common approach and understanding in development of programmes of parent and community participation. Its content, duration and mechanism should be geared to the needs of the community, their levels of readiness for participation and community resources. Such training programmes must evolve vertical and horizontal communication between personnel.

4. The limitation of looking upon 'Education' as a one way process should be recognised. Consequently training of service personnel, to enable them to identify, and incorporate the positive in parents and communities is extremely important. For example a programme of parent education for balanced diet based upon their involvement in developing indigenous recipies having those components may be more effective than harping upon their traditional food habits or merely giving information about what constitutes a balanced diet.

5. Training of programme personnel to develop simple, built in devices for evaluation of their programmes of parent and community involvement needs careful consideration. The worker's ability to refine his/her tools of working with people is greatly dependent upon this skill.

6. As most of child welfare services are mainly operated through various governmental and voluntary agencies, the proposal of forming an autonomous National Child Welfare Programme Administration, has been frequently mooted. Such a body can become effective in reflecting the mode and levels of people's participation at various stages and focus of channelizing and directing services for pre-school children through qualified personnel at all levels.

7. Preparation of related audio-visual materials and literature for use by parents and community should then be the responsibility of such a body.

8. The use of schools as community centres to develop enlightened parent and community participation needs to be explored is worth considering, for, they occupy a strategic position in relation to the child, the parents and the community.

9. In India, dependency on authority is easily generated through paternalistic and directive attitude. Hence, payment of modest fees if sensitively used can become an index of the levels of parent and community involvement in programmes for children.

10. Panchayats, Panchayat Samitis, Zila Parishads, Municipalities, etc., can become centres of people's participation and co-operation, inspite of their power struggle. They can be and should be made constructive tools of effective parent and community participation. It is possible to achieve it through a programme of parent and community education regarding their civic responsibilities as well as rights.

11. It is important to emphasize that segmented or sectional approach to Child Welfare may be required for organizational and administrative purpose. But it will lose its significance if it ceases to be a part of total Child Welfare programme with its base in the family.

12. Involvement of the parent and the community is thus a dynamic process, requiring concern and commitment of all, the administrators, the organizers, the service personnel and last of all the parents and the community, towards the goal of providing to the child a fuller and richer life in and through the family and the community.

## **TRAINING OF HEALTH AND NUTRITION PERSONNEL**

**Dr. O. P. GHAI**

Poor health prevents the child from exploiting his environments for optimal development, and undernutrition is an important cause of ill health in the pre-school children. Measures for augmenting health and nutrition of pre-schoolers should, therefore, be a major concern of a welfare State. Besides other things, the quality of health care delivered is largely determined by the competence and training of the health personnel. Due to wide variations in the social, economic and cultural patterns in the different regions of our vast country, it is neither feasible nor desirable to adopt a uniform policy for training of health workers. Flexibility in our approach to training programmes is, therefore, essential. Whatever the approach, the focus should be on selection of training techniques of a low cost, high benefit ratio. A periodic objective assessment of the functional utility of such programmes should be undertaken to effect improvements where necessary.

Planning for manpower takes into account the present supply, anticipated increase in supply and effective economic demand. Even if the population statistics demand a rapid expansion in the number of workers, it is futile to train them if they cannot be suitably absorbed in the social order through self-employment or community sponsored schemes.

Though it may be desirable to make bold departures in the training content and methodology, it is more prudent to introduce the changes gradually.

### **Focus**

The goal being healthy living and optimal development for the child the focus in training of health personnel must be broadbased and not limited to narrow technical considerations. A dynamic programme for promoting health and intervening at the earliest deviation from health and normal pattern of growth, rather than a preoccupation with the care of the sick child should be the sheet anchor of the health policy. It is imperative that training of health professionals should incorporate this philosophy and follow this approach.

## **Categories of Health Workers**

Mobilisation of help from auxiliaries and non-medical health workers to assist the physician is an essential pre-requisite for the success of health and nutrition programmes for children.

### **(a) Physicians**

Efficiency and output of the health team depends on their leader, the physician, who is the chief professional charged with planning and implementing activities for promoting health of the community.

### **(b) Auxiliaries**

"Every citizen must get health care from the best possible trained physician" may be a good slogan. I am afraid that in this Utopian goal, most children will receive little or no health care for decades. An alert, well trained auxiliary is usually the first person to detect arrested development of the child or early signs of ill health. She can then summon physician's help to prevent the illness developing into a major handicap. Lately there has been some controversy in entrusting the auxiliary with a substitute role. Personally, I see no objection in her taking over this responsibility within defined limits. In fact, I see no escape from this in the present situation in our country. She could be easily trained to take adequate care of six or seven common illnesses of the child, which account for 75% of the childhood morbidity, and to identify problems requiring referral to the physician. This will relieve the physician from routine time consuming chores and help him make more effective use of professional skills. It will be interesting to refer to a development of a new type of health professional trained to act as an associate of the physician in caring for children, by the University of Colorado medical centre. This important step was taken through the efforts of Professor H.K. Silver, and Colorado State Legislature passed a law in 1969 to regulate their training and practice. In all the East European socialist countries, special category of health professionals are produced to practice child health. It is ironical that in India where magnitude of child health problems is much higher, no attention has been paid to developing health professionals for promoting child health as a national policy or goal. Both physicians and health auxiliaries receive minimal training in child health and are ill equipped to provide a meaningful service to children. I would suggest that India should emulate the socialist countries and Colorado State in the U.S.A. in creating child health associates.

### **(c) Non-medical health workers**

Non-medical workers can disseminate core knowledge about health, nutrition, hygiene and sanitation. Community leaders like village 'sarpanchs' can motivate the community to make effective use of available health services for children. The teacher can catalyse the health consciousness of

the community through the school children who in the Indian context are strategically placed in influencing the health concepts and practices of their families and thus promote health of the pre-school children.

### **Integration**

What is required is mobilisation of all resources and available means to help the child realise his full potential. Need for providing services for the mother and the child through family planning clinics has never been disputed. It is administratively more convenient and economical to apply preventive health measures to children in groups or institutions as in 'Balwadis' and residential nurseries. A 'balwadi' teacher with a little "break in" training in promotion of health and development of the child can contribute a lot towards our objective. This applies with equal force to training of workers in other fields of child and community welfare including applied nutrition programmes.

### **Is the Present Training Satisfactory ?**

#### **(a) Physician**

Broadly speaking, the training of physicians in child health and welfare leaves much to be desired. The current emphasis continues to be on diseases of infancy and childhood, while growth and development and practical opportunities for preventive and promotional work in children receive scant attention in the curriculum. Medical Education Committee (1969) appointed by the Government of India has recommended remodelling of the medical curriculum to make it more need-based. The recommendations include adequate coverage of child health in the medical curriculum.

#### **(b) Auxiliaries**

I would have liked to deal with the training of all categories of auxiliary health workers. As I consider auxiliary nurse midwife as the most important link between the family and the health facilities, I propose to give a detailed consideration to this worker.

There is a growing recognition of the inadequacies in the pre-employment preparation of the auxiliary nurse midwife (A.N.M.). As a multi-purpose worker, she is expected to cater to the health needs of all the age groups, men, women and children. But her training is heavily biased in favour of midwifery and the hospital work. Out of 748 hours of teaching, 76 are allotted to personal and community health, 30 to community nursing and only 30 hours to pediatric nursing. Analysis of the work load of A.N.M. in John Hopkins University Rural Health Project at Narangwal, Punjab, revealed that for a population of 1250, she would need 322 curative contacts per month for children under three years, 70 contacts for older children, 89 contacts for routine preventive work, 29 for follow up of malnutrition cases, 108 contacts for tuberculosis patients but only 20

contacts for pre-natal and post-natal work, 81 contacts for general medical care of women and 75 contacts for family planning follow up. Some of the listed jobs can be carried out in one multi-purpose contact and hence actual number of contacts may be much less. It was further observed that in the absence of adequate supervision and field support, sub-centers attached to the primary health centers were actually functioning as mere midwifery stations, handling only a fraction of total deliveries. With her training background, the A.N.M. often shows reluctance for the non-maternity work. In this context existence of over 4,000 primary health centers and over 1,200 sub-centers by the end of year 1968-69 is at best a poor satisfaction. According to the information available, only half the centers are manned by the auxiliary nurse midwife and even of those available many do precious little for the child except perhaps the care of the umbilical cord in the first 10 days after delivery of the child (what a care!).

### **(c) Non-medical workers**

Inclusion of core knowledge of health, nutrition, hygiene, sanitation and human biology in the text books for junior school students is a welcome and important step. Efforts of National Council of Educational Research and Training in this direction deserve acclaim. An enlightened younger generation will accelerate the health efforts of the entire community.

## **How to Improve Training ?**

### **(a) Physicians**

A modest beginning may be made by implementing the recommendations of the Government of India, Medical Education Committee Report, 1969, regarding augmenting course content in child health. Further improvements can follow in quick succession.

### **(b) Auxiliary Nurse Midwife**

#### *1. Primary Health Center as Training Center :*

The present system of recognition of small urban-based maternity hospitals for training of A.N.M. needs reappraisal. Instead, primary health centers attached to medical schools for training of medical students in comprehensive health care in the community should also be utilised for training para-medical workers including primary training of auxiliary nurse midwives.

It has been observed, that in many of the existing training centers for A.N.M. over-burdened hospital service staff is used as part-time teachers for A.N.M. trainees. The practical training can at best be considered equivalent to that of nurse aides in maternity hospitals. Consequently, many of these develop attitudes inconsistent with their future job

requirements in the community. A typical A.N.M. summed up her negative reactions to village posting by the remarks, "We do not see interesting midwifery cases in the villages".

On the other hand a primary health center-based training will make her more sensitive to health needs of the children and the general nature of rural health problems. Though there may be no objection to a short assignment in a good maternity center for midwifery training, domiciliary midwifery in rural situations should largely replace this component of training.

#### *2. Remodelling of curriculum :*

The present curriculum should be drastically remodelled to include:

- (i) core knowledge on health sanitation and biology with considerable emphasis on nutrition;
- (ii) growth and development of children and the factors promoting or inhibiting the normal pattern of development;
- (iii) common ailments, particularly those of children, in the rural areas in that region and simple methods of treatment applicable in home and in clinics;
- (iv) recognition of their limitations and detection of various conditions beyond their competence for which they should seek physician's intervention;
- (v) elements of physiology of reproduction and a brief but appropriate training in domiciliary midwifery;
- (vi) family planning techniques;
- (vii) importance and techniques of home visits, clinic organisation and record keeping.

#### *3. Programmed text books :*

Preparation of suitable programmed texts should be given high priority and Ministry of Health may consider extending technical and financial support to NCERT for preparing the text books on modern lines for their (A.N.M.'s) level of educational background.

#### *4. Preparation of teachers :*

A few regional centers may be entrusted the job of training of teachers for A.N.M.s. Though it may be desirable to enlist the support of doctors for part-time teaching, major teaching efforts should come from public health nurses, health visitors and senior A.N.M.s given special post-basic training. Preparation of teachers for A.N.M. is a more difficult task than that for doctors and nurses training, as A.N.M. needs instruction at her level of understanding and with a different orientation. W.H.O. or UNICEF may be interested in organising special summer workshops for teachers for A.N.M.s.

*5. Uniformity in standards :*

Periodic inspection and evaluation of training centers should be insisted upon.

*6. Tape recorded lectures with illustrative slides :*

As an experimental measure a few regional centers may be encouraged to prepare sets of teaching slides with commentary in local language recorded on cassette type of tape recorders. These can be duplicated and replayed on inexpensive cassette tape players. UNICEF is presently supplying this as a standard equipment for aid to pediatric departments of medical schools. If the initial experience appears rewarding, more extensive use of the medium may be encouraged.

*7. Practical training :*

After a short orientation course in human biology and child development, a team of three A.N.M. trainees may be attached to a health visitor or a medical graduate intern-trainee posted in the rural areas. They should make combined home visits and learn the needed skills on the problems presented in the home visits. The physician is clinically trained by bedside clinics on patients in the hospital. Likewise, the A.N.M. should be trained in situations, simulating closely her later job requirements. The actual preceptorship rather than didactic instructions should be the mainstay of training.

*8. Social and behavioural sciences :*

To what extent social and behavioural sciences should be taught to the auxiliaries may be a matter for discussion. But some orientation will certainly make them more confident in their contacts with the families.

*9. Continuing education :*

While improving initial training is essential, it is equally necessary to make some provision for continuing education, preparation of appropriate manuals in local languages and free distribution of a bi-monthly or quarterly bulletin dealing with solutions of common rural problems will be very helpful.

**(c) Non-Medical Workers**

1. The teachers' training courses should lay still greater stress on social role of teachers' in promoting health consciousness in students.
2. School text books should reflect greater emphasis on health promotion and personal hygiene.
3. Rural festivals should be utilised for propagating health activities.

4. Television and radio broadcasts as well as documentary films should be increasingly utilised for spreading the message of healthful living.

5. Panchayats should be given precise well-defined responsibility of programmes for improvement of health and nutrition of pre-schoolers.

6. Applied nutrition programmes should be energised and implemented more effectively.

### **How to Attract Suitable Persons for Training as Auxiliaries?**

1. Village panchayats should be encouraged to sponsor deserving local girls for training as A.N.M.s.

2. The training should be fully subsidised.

3. The A.N.M. should preferably be posted in the village of her choice as far as possible to promote sense of security.

4. A.N.M. with better educational background or exceptional competence should have avenues of advancement as a health visitor or senior A.N.M.

5. The designation of auxiliary nurse midwife should be changed to a more suitable one, depicting nature of her actual duties.

### **Experimentation**

There is great need for medical schools and other health training institutes in India to establish training field area in urban and rural situations wherever effective delivery of health care services is demonstrated. Such areas will be suitable media for experimentation in training of health auxiliaries.

### **Other Approaches**

As comprehensive child welfare is a broad-based and all inclusive programme and is an integral part of the total community structure and function, what is needed is the establishment of integrated community welfare centers. Among other things these centers should provide facilities for:

- (a) training in village crafts,
- (b) part-time gainful employment to needy women and trainee children,
- (c) recreation,
- (d) personality development and education of children,
- (e) health and nutrition support for children,
- (f) health education,

(g) maternal child health and family planning services, like the services of a prototype sub-center.

Activities of this type of community welfare centers can become a greater success if labour intensive village industries can be established at the same time and their activities coordinated with this center. Wages for part-time work may be paid partly in cash and partly as the price for nutrition supplements for the children.

*Reference :*

Silver H. K. and Hecker J. A., *Manpower*,  
The Child Health Associates Hospitals, J.A.H.A., 44 : 47-49, 1970.

## TRAINING AND DEVELOPMENT OF THE EDUCATIONAL PERSONNEL FOR THE PRE-SCHOOL CHILD

SULABHA PANANDIKAR

It is good that we are considering the training (or education) and development of the entire educational personnel concerned with the education of pre-school children, and not only that of teachers. For it is particularly true of the education of the children at this stage that it is a cooperative activity of the home, the school and the community. So it is not only the teacher who will be directing the education of pre-school children, but the parents, the social workers and the members of the community, at one end, and the educational administrator, the supervisor or inspector, at the other, will also play their role. An orientation, if not regular training and education, is necessary, therefore, for this entire personnel. The teacher educator must also be included. We will consider the nature of training or orientation of each type of worker in the proper place but it should be stressed at the beginning that there must be consistency in the outlook and thinking of all the educational personnel; otherwise the child is likely to be subjected to serious conflicts in his life.

If we mean by the pre-school stage the age-group of 3 to 5 or 6 (depending on the age at which children are admitted to primary schools) at present, in India, hardly 3 per cent children of this age-group are receiving education. Even the Kothari Education Commission submitting its report in July 1966, recommended that "a feasible target of enrolment would be to enrol 5 per cent of the children in the age-group three to five by 1986", (7.07/8). The Commission fully realised the importance of this stage of education, but it is the inadequacy of financial and other resources resulting in the shortage of trained teachers, lack of accommodation and equipment, and scarcity of the necessary child welfare services that made them suggest a very modest, almost an insignificant target as a feasible one. Though the Commission have stated that they have avoided taking a definite side in the controversy of quality versus quantity, they seem to subscribe to the view that pre-school education to be provided must maintain certain standards and have a proper quality. Standards and quality are associated with (a) an adequate number of suitably qualified and trained teachers, drawing proper scales of salary, Rs. 1800 per annum in 1975-76 and Rs. 2500 in 1985-86; (b) provision of

buildings, equipment, mid-day meals and welfare services the estimated cost of which, as non-teacher cost, would be Rs.990 per annum per teacher in charge of 40 children in 1975-76 and Rs.1375 in 1985-86, as estimated by the Commission.

In this Seminar, it will be well for us to take a positive stand on this question of quality and standard. In doing so we will do well to bear in mind that though the Education Commission have kept in view certain standards in estimating the cost of education at this stage, they have also recommended that "every encouragement should be given to experimentation, particularly in devising less costly methods of expanding pre-primary education" (7. 07/3). I want to make a plea for implementing this recommendation of the Commission in earnest. The Commission themselves have strongly commended the scheme introduced by the Government of Madras in 1962. According to this scheme, local village women having only primary educational qualifications are trained for pre-school work in short term courses of three months and are placed in charge of pre-school centres on a monthly honorarium of Rs. 20 (now raised to Rs. 30).

There is sufficient research evidence to show the crucial importance of the first six years of the child's life in his physical, emotional, social, moral and intellectual development and the retardation likely to result due to deprivation in his physical and social environment, at this stage of his life.

In several studies carried out in the U.S.A. and the U.K. with culturally underprivileged children, it is seen that children with pre-school experience gain from 6.9 to 14 I.Q. points on the Stanford Binet scale of Intelligence over the control group and show similar gain in tests of language development<sup>1</sup>. Dr. Bloom maintains on the basis of his studies, that 50% of an individual's intelligence is determined during the first four years and that pre-school education plays an important part in the development of basic skills and learning patterns. The need for pre-school education for all children, thus, is clear; it is greater in the case of children from under-developed homes where the necessary physical and social environment is bare and meagre. We, therefore, must seek ways and means of expanding pre-school education, and extending it to the slums in urban areas and in all rural areas. This will be possible only by measures of economy because of the limits of our resources.

Following the general trend in teacher education, we can say that a qualified pre-school teacher, (a) should have completed the secondary course of education (passed the S.S.C. or S.S.L.C. examinations); (b) should have completed a two year professional course of teacher training

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1. "Today's education Programmes for Culturally deprived Children" by R. A. Klaus and Susan Gray, 1962.

and (c) should have revealed in the school records and on interview, the personality and interests and attitudes required of a teacher of children of 3 to 5 or 6 years of age. Such a teacher should have the same conditions of service, including scales of salary and other allowances, as teachers in Primary Schools, whether working under a local body or a private management. The schools where these teachers are appointed to work should be located in spacious well-ventilated buildings, with big play grounds and have all the equipment necessary for a good pre-school programme, along with the essential child welfare services. These conditions will involve expenditure as estimated by the Education Commission. Considering the development of the total programme of education at all levels, more cannot be made available for pre-school education than what the Commission have been able to project. This, as we have seen, will meet the needs of only 5 per cent of the children of the age-group. For an expansion of pre-school education on the large scale on which it is required, the standards must be lowered in respect of (a) qualifications of teachers and scales of remuneration paid to them, (b) quality of accommodation, (c) the equipment and (d) the provision of welfare services. Starting from the last category we can say that an attempt will have to be made to induce the local community to offer some of the welfare services voluntarily. The buildings should be of an economic type of construction, built with local contribution, and the play ground can have outdoor equipment such as can be found in natural surroundings. The other learning-teaching equipment must be based on scientific principles but can be made out of indigenous material. The main item of expenditure is that on the teacher-training and salary. In the rural areas there is the additional problem of qualified teachers not being willing to work there. To meet this problem, as well as, as a measure of economy, we have to suggest the lowering of qualifications for teachers. It is suggested (a) that local women interested in working with young children and having the capacity to do so, be selected to work in rural or semi-urban areas, on lower remuneration, even though they may have completed only the primary course of education, (b) that they be given professional training of short duration, of 5 or 6 months, (c) that they be placed to run pre-schools in their own villages or localities on a small remuneration, (d) that they be assisted by local women's and citizen's organisations. We must make sure that these teachers get proper guidance in their work and have frequent refresher courses of a week or so through an agency to be set up for the purpose.

In agreeing to lower the standards as above, which will be only during a transitional period, it must be ensured that the care and education thus provided have a positive quality and help to promote the total development of children in the age-group 3 to 5 or 6. Even custodial care has value but what we must have is the developmental process attended to. The agency referred to above as well as the children's

parents and the local community will have to watch and see the progress of the children entrusted to the care of the teacher. What must be insisted on as essential so far as the teachers are concerned are (a) selection based on personal qualities of the persons and (b) development of certain basic understandings and attitudes, during the period of initial training.

We would do well to begin stating our views on professional training with the consideration of these basic understandings and the means by which to develop them.

The basic understandings will be:

- (a) The goal of pre-school education is the promotion of the child's total development which must be seen to be a process of maturation and learning;
- (b) Children are individuals in their own right;
- (c) Children learn and develop through their experiences and activities;
- (d) A programme of pre-school education must provide (i) scope for motor and physical growth, (ii) opportunity to live and learn with children and adults, (iii) opportunity to learn about the world around them, (iv) aesthetic and cultural experiences;
- (e) Children need affection, understanding and security, opportunities to love and learn, and freedom to explore and experiment with things.

These basic understandings will be developed through observation of and participation in a pre-school programme, a study of underlying theory and the acquisition of certain practical skills. With these understandings and aspects as the core, the professional training programmes for teachers of different academic attainment and for different types of pre-schools will be concentric. The course will have greater depth and width for the full two years course for S. S. C. pass teachers. The course for teachers with lower academic qualifications will be more broad and general and as regards duration, a short course of six months or a year will be followed by a planned series of frequent refresher courses.

We have in the country different systems of pre-school education such as the Kindergarten, the Montessori, the Progressive and the Pre-Basic systems. There is agreement on certain basic principles amongst them. The child and its needs are at the centre in each; each adopts a developmental approach and recognises the place of experience and activity in the child's learning and development. Thus, the basic understanding detailed above will not be discrepant with any of the systems. The Pre-Basic system is comprehensive in its approach and is suited to Indian needs and conditions specially in the rural areas. There are certain fundamental differences among the systems such as : the relative impor-

tance of cognitive and social development, the required standardisation of form and use of teaching or sensory material, when and how to begin reading and writing, the place of individual and group teaching, the place of individual and group activities, the scope for imaginative play and symbolism, the relation of play and work from the child's point of view. It would be useful if systematic discussions could be arranged among the exponents of the different systems, not with a view to reaching a common agreement but with a view to better understanding of the different points of view. In professional training at the higher level the teacher should be acquainted with the main tenets of the different systems.

I place for consideration the outline of a two-year professional course in pre-school education for S.S.C. pass teachers that was developed at a workshop organised by the Department of Primary and Pre-Primary Education, of the National Institute of Education, in March 1970 (presented with the consent of the Head of the Department).

### **Outline of a course in Pre-School Teacher Education**

(duration 2 years)

<i>Name of course or activities</i>	<i>Internal Assessment</i>	<i>External Assessment</i>	<i>Total</i>
<b>A. Observation and Teaching Practice:</b>	300	100	400
(a) Observation of the school, of the daily school programme of children and their activities, of the teachers and their way of guiding children.	50		
(b) Maintaining records of observation	100		
(c) Participation in teaching and other school programmes	50		
(d) Field work—Parent Teacher meetings, participation in community functions <i>(oral &amp; practical examination)</i>	100		

Note: Time allotment—1/3 of the total time each year.

		<i>Internal Assessment</i>	<i>External Assessment</i>	<i>Total</i>
<b>B. Theory</b> ( <i>Assignments and Sessional Work</i> )		150	450	600
1. Psychological Foundations of child development and Pre-School education		25	75	
2. Child Health, Nutrition and Welfare		25	75	
3. Practices of Pre-School Education—Methods and Underlying Principles—Programme of activities		25	75	
4. School organisation and Community development		25	75	
5. Pre-School or Early Childhood education Movement		25	75	
6. General Knowledge and Language		25	75	

Note: Time allotment—1/3 of the total time each year.

<b>C. Development of Skills and Creativity</b>	150	50	200
(a) Music, Dramatization, Dance	25		
(b) Drawing, Modelling, Hand-work	25		
(c) Preparation of Learning material	75		
(d) Physical Education and Games	25		

50

(*Examination of the year's work*)

Note: Time allotment—1/3 of total time each year.

Total:	600	600	1200
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The course has not been tried out but the thinking of several experienced workers in the field has gone into it and a brief analysis will reveal its special features. The first is the equal weightage given to practical work (Teaching Practice and Practical Skills), on the one hand, and theory on the other. Secondly may be noticed the equal weightage to internal and external assessment, the former being greater in extent with regard to practical work and the latter with regard to theory, though all the three parts of the curriculum are to be assessed internally as well as externally. In Part A what may be noticed is the important place given to observa-

tion. In the preparation of pre-school teachers, comprehensive observation along with necessary guidance and discussion must form the very basis. For this purpose good pre-schools must be available. Paradoxical though it may appear, it is a fact that the answer to the shortage of pre-school teachers is more pre-schools of the right type which will provide for observation and practice teaching. The theory course is comprehensive, covering all the important aspects of the work of a pre-school teacher. The approach is developmental. There is a paper on General Knowledge and language to keep up the student teacher's interest in science, general culture and to develop his linguistic abilities. The third part includes the development of certain practical skills essential for the pre-school teachers. Roughly each of the three parts will be allotted the same time.

This naturally leads us to consider the nature of institutions which will train the pre-school teachers. The teacher educators working in these institutions must have received special training in pre-school education. It is an anomaly that at present these institutions are often staffed by B.Ed.s trained for work in secondary schools. A special course including a deeper study of Child Psychology and Child Development, methods of pre-school education, and research related to child development and pre-school education is necessary. The candidates to be admitted to the course should be graduates and the training qualifications should be equivalent to B.Ed. As this course must be at a high level, four institutions in the country to organise it should meet the need for the time being.

Apart from being staffed by teacher educators trained in pre-school education, the institutions which train pre-school teachers should have a good pre-school attached to each of them as an experimental or a laboratory school and should work in association with a number of good co-operating pre-schools where observation and practice teaching can be done by the trainees. In the training programme, greater reliance should be placed on self-study, tutorials, group discussions and seminars than on lectures. For practical work there must be well-fitted workshops and art rooms. The institution should have a research section and an extension service. It must be noted that the Commission have recognised the role of the State in training pre-primary teachers. Such training will fall within the purview of the State Board of Teacher Education and will be liberally assisted by grants when entrusted to non-Government agencies.

For educational inspectors and other educational personnel expected to supervise pre-schools and guide teachers, short term courses of three to four months duration would serve the purpose. They should be arranged by the State Institute of Education or by the institutions for teacher educators and should be in the form of observations, seminars and discussions with experienced workers in the field. The participants should have the opportunity to meet the exponents of specific systems of pre-school education so that they are aware of the trends in the field. Without such orientation

school inspectors are likely to give a wrong direction to the whole movement.

In addition to these, for the large number of pre-school teachers that will be required for the expansion of pre-school education, it will be essential to have pre-school education development centres as recommended by the Education Commission (7.07/1). At least one such centre will be necessary in each district when pre-school education expands on a large scale. It will have multifarious functions; three among which will be making arrangements (a) for the preparation of pre-school teachers in short-term courses, (b) for supervising the work of the teachers and (c) for holding short refresher courses for them from time to time. They should also undertake to produce the aids and material required for learning and other activities.

We have already seen that the home and the community play an important role in the education of pre-school children. In a sense, the pre-school is an extension and enlargement of the home and the teachers in a pre-school, knowingly or unknowingly, collaborate with the parents all along and seek the co-operation of the community. Human relationships among—child-parent-teacher-members of the community, are the very essence of pre-school education. They are the basis not only of social development of the child, but of his intellectual, emotional, aesthetic and moral development as well. It is necessary, therefore, that all these persons have opportunities of being aware of the positive approaches in the care and development of the children. They need to realise that children develop rapidly during the first six years and require for their development a suitably enriched environment, some guidance from experienced adults having insight and the companionship of other children. They must also know the way to deal with children, their basic needs of love and affection and of opportunities to explore and experiment. The fundamental requirements of health and nutrition must also be known. Such orientation should be a part of the social or adult education programme and it would be good if a balwadi or a pre-school were associated with an adult education centre. In the running of the pre-school centres or balwadis, the Social Welfare Boards and Community Development Department have done well to mobilise the community and to get them to co-operate actively. In some rural areas the Mahila Mandals have taken on themselves to provide regular assistance to the teacher and the community provides snacks where the CARE mid-day meals programme does not operate. These efforts will vastly improve if the members of the community also help to develop an educational outlook.

The National Council of Educational Research and Training has done well to publish a "Guide Booklet for Nursery School Teachers" written by Dr. Rajalakshmi Murlidharan and Mrs. Uma Banerjee. It does not advocate a particular system and offers good guidance to the

pre-school teacher. We need a handbook of a more general nature illustrated and written in an attractive style, for parents and members of the community. It could be on the lines of the Nursery School Handbook prepared by Mrs. Marjorie Green and Dr. Elizabeth Woods, for the Sierra Madre Community School Association<sup>1</sup>. It sets out in a clear and interesting style "a philosophy of education and guidance" and tells "the worker, definite things to do and not to do in routine and play situations". The Indian Association of Pre-School Education could undertake the work in collaboration with other similar associations in the country and bring out the handbook in different regional languages.

It must however be remembered that the world is changing fast and Child Psychology is developing rapidly. Guide books or handbooks must also keep pace with the times and with the development of pre-school education itself.

In an article on 'New Trends in Developmental Psychology' in the British Journal of Educational Psychology, February 1970, Joy J. Tizard, after referring to the impetus given to pre-school education on mass scale in Britain and in the U.S. from 1965 onwards, has aptly remarked, "What I think is new today both in the U.S. and Britain is that officialdom is showing an increased interest in early education and educational psychologists, who had hitherto, for the most part, not had much to do with pre-school children, are now becoming involved in their educational problems". In India also there are faint beginnings of the two trends and it is hoped that they will gather strength.

If official interest in pre-school education is there, and the Education Commission has given a lead in the matter, it should figure in the educational plans of each district. On behalf of the Zila Parishads and with the assistance of the Village Panchayats, and their staff, the District (or the Parishad) Education Officer should conduct a survey of the district from this point of view and should work out the number of teachers that will require to be trained and suggest a plan for the development of the required number of training institutions and training centres along with pre-schools and pre-school centres. It would be worth while if the State Institute of Education in each State could direct the project, drawing up a perspective plan for the next ten years.

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1. The first Indian reprint of the Handbook was published in 1969 under the assistance of the Joint Indian-American Text Book Programme.

## THE TRAINING OF PERSONNEL IN PRE-SCHOOL EDUCATION

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### SUMMARY

**INTRODUCTION :** At the International Conference of Ministries of Education in Geneva, one finds, among the recommendations : "The education of the pre-school child presents special psychologic and pedagogic problems; it is important that those involved in these areas have the necessary qualities and are given specialized training in addition to their general training".

Prior to whatever training, even though elementary, such as that of Balsevikas or the voluntary personnel of day-care centres belonging to rural community development in Senegal, there remains the question of selection. To start with it, it is necessary to define, on one hand the qualities which a pre-school teacher should have and on the other hand the skills which a well-rounded professional training should be able to stimulate.

Having raised the question of the criteria for personnel selection as well as the way in which to select candidates for pre-school teaching, it will be possible to discuss the problems of training.

Within the framework of this seminar these problems of the ideal professional training do not arise — which presupposes a general basic training which is incompatible with the human and budgetary resources of countries with economic problems. We shall then discuss the training of pre-school education personnel based on the reasonable possibilities of those countries.

### I. The Criteria For Selecting Pre-school Education Personnel

(a) Necessary qualities and methods for discovering them

- at the physical level :

- health, psychologic stability and gross variations from the "normal"

- physical aspect, age, behaviour
- intellectual, moral and social characteristics :
- facilities in the language in which the children will be taught.

(b) Desirable skills and aptitudes

- psychically : imagination, intellectual curiosity
- behaviour : relationship to others, manner of speaking (voice qualities) and self expression
- sensitivity, dynamism and enthusiasm.

## II. The Training Of Pre-school Personnel

This training is offered to two categories of "students" :

- those who are illiterate but who nevertheless meet the criteria mentioned above
- those who are literate.

(a) Basic requirements for training both groups

- the physical organization of pre-school centres depending on the available materials
- the teaching programme (depending on the type of activities according to the age and emotional needs of the child)
- to take advantage of each child's interests for teaching purposes:
  - self conservation : nutrition, body health, protection against insects and dangerous animals
  - self expression and communication
- methods of educational communication with the family (technics of interpersonal and mass communication—demonstration of the possibilities of the child teaching the adult).

(b) Specific details of teaching literate candidates

- preparation of children for elementary school admission by initiation to reading, writing, arithmetic : how to think about this
- relations of the kindergarten to elementary school
- the continuous development of the teacher's knowledge : the available means for continuing self education.

(c) How to achieve this training

- basic training :
  - duration (1 month minimum)
  - procedure (the importance of living at the training centre, even though the facilities are limited and of giving the courses in centres similar to those in which the teacher will later work)

- teaching and training methods :
  - practical and personal researches
  - controlled experiences among different groups of children
  - acquiring healthy, ordered habits
  - use of audio-visual technics
- the training of those who will teach pre-school teachers
  - criteria of selection
  - their role :
    - in the basic training of the pre-school teacher
    - in their in-service training and their supervision
    - in community development
    - in the coordination of services devoted to the protection of the young child
  - their administrative assignment.

### **Conclusion**

In education, goodwill alone does not suffice; a minimum of knowledge must be added. What is already most obvious at the level of family education in every area of community education is especially important among children under 6 years of age. Their vulnerability and also their sensorial and mental flexibility are such that everything which they experience leaves a more or less profound imprint. That is why when it is necessary to place them under the responsibility of a single adult educator we are most anxious that they will find ways to express themselves and not to be warped or distorted.

It is within this perspective that we have emphasized the criteria for selecting pre-school educators for it is their qualities and personal aptitudes which will determine what useful and basic knowledge they will absorb. In addition, their immediate as well as their long term education and professional training — required more than ever in a changing world — will be assured. The development of pre-school institutions which is the goal of all of us remains less a question of a large number specialized pre-school teachers than on the intelligence and open heartedness which one finds available in all the countries of the world including those which have poor economic means.

## **TRAINING OF WELFARE PERSONNEL**

Dr. C. NAYAR

For the effective implementation of any programme, be it in the field of welfare or any other, the availability of trained personnel is an imperative necessity. No amount of policies, programme planning or allocation of resources will show the desired results, unless we have specially trained people at all levels. Wherever the availability of specially trained personnel lags behind the development programme, there is bound to be a lowering of the standard of the programme.

### **The Administrative set up and the need for training**

In the field of social welfare, the training of personnel should be essentially role-oriented. The services call for expertise with specific kinds of skills to fulfil the different duties expected of them at various levels.

At the apex of the present day administrative Olympus are the policy makers and planners — their decisions make or mar the development plans and programmes. The major responsibility for the efficacy of the programme rests on this set of people. The nature of their work, therefore, makes it necessary for them to have some sort of training or orientation. I do not mean any formal training in terms of regular courses, but there should be some system of giving them 'policy-oriented' knowledge on services.

Next come the executives, i. e. the administrative heads of both governmental and non-governmental agencies, on whom rests the responsibility of implementing the decisions of the policy makers. They are, an important link between the policy makers and the field staff. Unless they are given some general training in social policy administration, social research, evaluation of projects and some exercises in the systematic review of grants-in-aid procedure, our programmes will fail to yield maximum benefit.

As the welfare personnel have to be also need-oriented, we have to take into account the changing dimensions of the needs in a fast changing economy. Such an assessment of needs has to be related to surveys and evaluations which have to be carried out by research workers with specialised knowledge in the field. Therefore, adequate opportunities

for specialised training should be made available to personnel who are being absorbed in policy-oriented research.

Forming the base of the superstructure are the field-level workers. They are required in large numbers and are expected to act as multi-functionaries. They are the group who actually implement the programme and act as a link between the beneficiaries and the other workers in the team. Considering the prominent role they have to play in translating the policies into services, their training is of supreme importance.

### **Training of welfare personnel in India**

An assessment of the training of the welfare personnel necessarily involves an idea of the changing concept of social work in India. In earlier days, social work was associated with philanthropic actions. Within the then existing closely knit families and communities the needs of the individuals were met. The relatively few who needed help to meet their needs depended upon charity which was enjoined by religion.

With urbanisation and the gradual break up of the self sufficient village communities, social problems arose which needed tackling on a scientific basis, through well organised services. Social Work thus stopped being the responsibility of the few; it became part of the democratic set up. With this change in perspective came the need for personnel to man the services.

Realising this need, voluntary organisations like the Social Service League, Bombay, started conducting short term courses for voluntary workers. Neither the services nor the training programmes were however, planned or organised in a systematic manner.

A break through from this tradition was the establishment in 1936 of Sir Dorabaji Tata School of Social Work in Bombay<sup>2</sup>. This was the birth of professional social work in the country.

Later, when the country entered the era of planned development and the Planning Commission was established, one of the terms of reference given to it was an assessment of resources including technical personnel, and the augmenting of those resources that are found to be inadequate in relation to the requirements of developmental programmes<sup>3</sup>. This indicates that the Government had taken cognizance of the need for trained personnel in developmental programmes.

### **Training of planners and policy makers**

The need for giving orientation training to our policy makers and planners has been partially met by the participation on their part in seminars and work-shops both at national and international levels. For example, the Indian participation in the Asia and the Far East Conference on Organisation and Administration of Social Services in New Delhi

in 1959<sup>4</sup>, in the Round Table Conference on Planning for the Needs of the Children in Developing Countries, in Bellagio, Italy in 1965<sup>5</sup>, and in the Conference on Children and Youth in National Planning and Development at Bangkok in 1966<sup>6</sup>, has gone a long way in giving a broader perspective to our planners and policy makers. However, there is no provision for giving them systematic orientation.

### **Training of the administrative personnel**

The personnel at the administrative level of the governmental organisations are mainly the graduates trained at the different schools of social work. On an average 30 to 40 students with a post graduate degree in social work pass out every year out of each of the more than 20 schools of social work. The overall strength of social workers with post-graduate degree is at present about 5,000<sup>7</sup>. In addition to these, there are a few schools providing social work training at under-graduate levels. The need for integrating family and child welfare as a subject in the professional programmes of social work education, was emphasised in the Conference of the directors of the schools of social work held in the year 1957<sup>8</sup>. Yet, in the year 1965 only three schools, namely the Tata Institute of Social Sciences, Bombay, The Institute of Social Sciences, Varanasi, and the Indian Institute of Social Sciences and Business Management, Calcutta, were offering family and child welfare as course for specialisation<sup>9</sup>. Today majority of the schools of social work offer family and child welfare as an elective. This calls for a definite rationale to have greater emphasis on child welfare by making this a compulsory subject in the course of studies at both the graduate and the post-graduate levels.

Even after passing out of the schools of social work few take up work in the field of child welfare. A recent study on employment revealed that while 32% to 40% take up employment as welfare and personnel officers in factories, only 10% to 15% are employed in services dealing with children<sup>10</sup>.

The need for giving orientation to administrators of voluntary organisations has been met by conducting seminars periodically. The seminar for voluntary leaders of welfare agencies held at the Delhi School of Social work in 1964<sup>11</sup>, and orientation courses conducted by the Central Institute of Research and Public Cooperation at new Delhi are the major steps taken towards fulfilling this need.

### **Training of field level workers**

Training of field level workers can be traced as far back as the year 1920 when courses were organised for voluntary social workers by the Social Service League of Bombay<sup>12</sup>.

Later on, more organisations sprang up in the voluntary sector to render training facilities to workers. Out of them the Kasturba Gandhi

National Memorial Trust needs special mention because of the training scheme initiated by them to train women for working in the villages. Institutes like Balkan-ji-Bari, Bal Niketan Sangh, Happy Education Society, Nutan Bal Shikshan Sangh and institutions imparting Montessory training, began training workers required for services in different fields<sup>13</sup>. In all these cases the emphasis was on a mono-purpose worker and the idea of a multipurpose worker was not even conceived.

In 1952 when the Community Development projects were initiated, for the first time the government took an active interest in the training of personnel. The administrative unit of the community development programme at the village level was the community development block. Each block had a block development officer, 8 extension officers, 10 *gramsevaks\**, and 2 *gramsevikas*. For effective running of this programme a country-wide net-work of training centres were opened to train the concerned workers.

The workers at the field level were the *gramsevikas* and the *gramsevaks* of which the former were entrusted with duties like organising children's parks, *balwadis* and creches and undertaking parent education programme. These were besides her functions as an extension worker. Supervising her in her duties were the *mukhyasevikas*. To assist the *gramsevika* in her work she chose village women with leadership potential and gave them a short orientation. These workers, known as *griha-lakshmis* were given an honorarium in return for their services. About 50 *gramsevika* training centres were opened through-out the country<sup>14</sup>. The content of the training programme was enormous<sup>15</sup>. Family and child welfare being a very small part of her total functions, training in this field formed a small part of the generic training she received. The training was conducted by the Department of Extension for the Community Development Department.

In 1954 the Central Social Welfare Board initiated the welfare extension projects to provide minimum welfare services for women and children of the rural areas. Each project served about 25 to 40 villages. The workers at the field level were here again, *gramsevikas* and *mukhyasevikas*. The training of these workers was entrusted in the hands of voluntary organisations like the Kasturba Gandhi Memorial Trust, Mahila Shilpa Vidyalaya, Mathura and the Kamala Shikshan Kendra, Kosbad. By the end of the second plan period there were 321 such projects functioning<sup>16</sup>.

Thus during this period we had two parallel schemes for training *gramsevikas* i. e. one under the welfare extension project of the Central Social Welfare Board and the other under the Community Development projects. Under both the schemes the candidates recruited were those who had passed their high school examinations. The qualification was relaxed in certain States.

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\* The non-English words used in the paper are explained in Appendix I.

Duplication of services by the *gramsevikas* was realised only when the Central Social Welfare Board reviewed the welfare extension project in 1957<sup>17</sup>. The Board then decided to locate the extension project in the Community Development blocks. The workers in this coordinated project included *gramsevikas* trained by the extension department as well as the *gramsevikas* trained by the voluntary organisations for the Central Social Welfare Board. By the end of the second plan period there were 3,800 *gramsevikas* trained under the Central Social Welfare Board scheme, and 10,000 *gramsevikas* trained under the Community Development scheme working in the field<sup>18</sup>. Besides, the Central Social Welfare Board had trained by this period about 400 *mukhyasevikas*.

The beginning of the third plan period witnessed an unprecedented development in the field of child welfare and the emergence of the multi-purpose child welfare worker. In 1958 when the integrated child welfare programmes were initiated it became necessary to have a new cadre of specially trained child welfare workers with training in the new integrated approach covering pre-school education, recreation and social welfare and an understanding of the total needs of children. Under the then existing workers there were none who had training in the multi-disciplinary approach. The *balsevika* was thus introduced to the scene to fill this need. Her services were required for employment in the integrated child welfare projects, *balwadis*, recreation centres, pre-natal clinics and other agencies providing welfare services to children. At the field level she was expected to work as a link between the various available services and the beneficiaries.

To meet the job requirements so visualised, the Bal Sevika Training programme was initiated by the Indian Council for Child welfare with the assistance of the Department of Social Welfare (then Social Security) and the Central Social Welfare Board. The first centre was started at Delhi in 1961. After a year it was decided to expand the programme by opening such centres in all States, in progressive stages. The second centre was started in Madras in 1962. By the year 1966-67 there were 14 centres running simultaneously. The number trained increased from 100 in 1962 to 310 in 1965-66 and 537 in 1966-67. After 1967 some of the centres were closed due to poor employment position and certain administrative problems. Today, there are 11 centres running with 509 on roll (Appendix II).

In 1964, a rural centre was opened in the tribal area of Kosbad Hills in Maharashtra to meet the needs of the rural and tribal population of the area. The minimum qualification for admission was reduced from high school to the eighth class. The core of the syllabus, however, remained the same. The experiment was a success and so for six courses have been completed and 248 workers trained<sup>19</sup>.

To meet the increasing demand for admission to the Bal Sevika Training course, a non-stipendary course was started in Madhya Pradesh in 1968. Candidates admitted in the centre pay a fee of Rs. 10/- per month unlike the trainees of the regular courses who receive Rs. 50/- as stipends every month.

The Indian Council for Child Welfare is administratively responsible for implementing the programme in its entirety through its State branches. The scheme is financed mainly by the Department of Social Welfare. Since its inception roughly Rs. 32 lakhs have been spent on this scheme.

The programme has a broad range of approach covering the fields of social work, pre-school education, recreation and health and nutrition<sup>20</sup>. The staff members of the training centres are qualified, technical personnel. Each centre has three full-time instructors in the three major fields of discipline—social work, education and health. Supplementary lectures are given by visiting lecturers who are experts in various fields.

The syllabus which was originally prepared by experts in 1960, was revised in 1968 by an expert committee formed for the purpose, with the help of the members in charge of the programme at the State level and the supervisors of the centres. This revision was found necessary in the light of experience gained in implementing the programme for seven years.

The curriculum is theoretically comprehensive and includes practical work, institutional visits, concurrent field work and block placements. It is planned in the context of the family and community living, and gives adequate understanding of the urban as well as a rural setting. Seminars, discussions and conducting of simple social surveys form an integral part of the training.

The total employment position of the trained *balsevikas* have been uniformly satisfactory. (Appendix III).

With the expansion of the programme to cover almost all the states including the union territories, the need came for conducting an evaluation seminar for the instructors. Two seminars one in 1966 and another in 1968 were, therefore, held in which members of Councils in-charge of the programme and the supervisors of the centres participated.

Even though the need for conducting refresher courses to the trained *balsevikas* have been felt for a long time, no such courses could be conducted so far. Since the training courses continue without a break, it was found difficult to introduce a refresher course programme in-between the courses. A beginning has now been made and a syllabus is being prepared for conducting such courses in all States where more than three courses have been completed. Some States like Madras have,

however, conducted occasional seminars dealing with the pre-school child, in which trained *balsevikas* participated actively<sup>21</sup>.

To evaluate the performance of the *balsevikas* after training, a survey, was conducted by the Kosbad rural centre in 1967. A Committee including the BST (Bal Sevika Training) supervisor visited 13 centres and made a thorough study of the function and performance of the *balsevikas*. It was observed that the workers had achieved rapport with the community and have succeeded in involving the local leaders and women in the programme. The main difficulties encountered by the workers were due to lack of funds to equip the *balwadis*<sup>22</sup>.

As the scheme is continuing for the last 10 years, the Department of Social Welfare decided to evaluate the programme in all its aspects. The committee constituted for the purpose, on the basis of the manpower requirements of the country and of the performance of the centres, have decided to extend the programme.

In 1964 the Central Social Welfare Board also initiated training of *balwadi* workers for rural *balwadis*. To meet the immediate requirements short term training courses of three months duration were conducted for untrained workers in service. To meet the long term requirements a training scheme of two years duration was introduced simultaneously. The training was entrusted to voluntary organisations like the Kasturba Gandhi Memorial Trust, Bal Niketan Sangh and the Assam Pradesh Congress Constructive Committee. The scheme which was in operation from 1964-67 conducted 9 short term courses for 186 trainees and 6 long term courses for 253 trainees, at a total cost of Rs. 4.58 lakhs<sup>23</sup>.

Thus between 1964 and 1967, we had two parallel schemes running for *balsevikas*. The main difference between these two sets of workers was that the *balsevikas* trained under the ICCW project were employed in various agencies of rural and urban areas, while those of the Central Social Welfare Board scheme were absorbed entirely in rural *balwadis*. In both the courses the multi-disciplinary nature of their training was stressed.

To sum up, at the end of the Third Plan period, we had various training schemes running simultaneously i.e. the training of the *gramsevikas*, *mukhyasevikas*, associated women workers, etc., of the Community Development department, the training of *gramsevikas*, *mukhyasevikas* and helpers of the Welfare Extension projects and the *balsevika* training programmes of both the Central Social Welfare Board and the Indian Council for Child Welfare (ICCW). This period thus witnessed the great leap forward in the field.

In 1967, it was decided to revise the services already existing in the rural areas under different patterns, and develop a country-wide programme with particular reference to the pre-school child. There came a

shift in emphasis from the child to the child in the family, and consequently, during the Fourth Plan period the Family and Child Welfare Programme was initiated.

Each Family and Child Welfare Project is provided with one main centre, 5 sub-centres and 2 aided centres. The project is serviced by two *mukhyasevikas*, six *balsevikas*, two *griha-sevikas* and seven *sahayakas* (helpers) at the field level.

The training of these field level workers was implemented by voluntary as well as the non-voluntary organisations. In the voluntary sector the Kasturba Gandhi Memorial Trust trained 3,807 gramsevikas at its various training centres<sup>24</sup>. By 1968 three family and child welfare were started by the Central Social Welfare Board at Gandhigram, Sriniketan and Baroda. These training centres gave short term courses of three months duration to those who had training as *mukhyasevikas*, *bal-sevikas* and *gramsevikas* and were working in welfare extension projects and demonstration projects. Subsequently during 1969-70 three more centres were started at Allahabad, Delhi and Indore. By the end of 1969 these centres trained 1,004 workers through 18 short term courses and one job training course<sup>25</sup>.

The training of the field level workers is considered one integrated programme with particular emphasis varying according to the nature of the functions expected out of them. The training of all these field level workers are conducted in one centre, and common aspects of the syllabus are covered at the same time. Training in specific work responsibilities is imparted separately.

The training programme is substantially aided by the UNICEF which provides equipment required by the training centres. So far a total expenditure of Rs. 10.77 lakhs has been incurred on the training programme<sup>26</sup>.

#### **Orientation and refresher courses**

With the introduction of the family and child welfare programme came a major departure from the hitherto followed pattern of training of personnel. Orientation and in-service training started commanding greater attention.

The Central Social Welfare Board conducted orientation courses for the trainers and supervisory personnel of the Family and Child Welfare Programme through the schools of social work at Bombay, Madras, and Delhi. Similar courses were organised for the benefits of personnel, both official and non-official, connected with the programme at the block level. During 1968-69, three such courses were conducted with the assistance of the Delhi School of Social Work, the Family and Child Welfare Training Centre, Baroda and the Haryana Social Welfare Advisory Board. This covered 77 members of 24 family and child welfare projects<sup>27</sup>.

The need for giving refresher courses to the employees of governmental and non-governmental agencies is being met by the Central Institute of Research, Training and Public Co-operation which was set up in Delhi in 1966.

In-service training facilities are also provided by the Department of Extension. In 1956 the Department initiated the programme of refresher courses of two months' duration for *gramsevikas* through the various home science colleges. The content of the programme included, besides nutrition and extension education, topics like organisation of *balwadis*, child care and development. Such courses for *mukhyasevikas* have also been conducted with the assistance of the department of Community Development at the State level. By the end of March 1970, the Directorate of Extension had given in-service training to 3,370 *gramsevikas* and 603 instructors of the *gramsevika* training centres<sup>28</sup>.

The Indian Council for Child Welfare conducted 2 orientation seminars for the members and supervisors of the Bal Sevika Training programme during 1966-69, and a one week orientation camp for the child welfare organisers of the State councils. In 1970, the Indian Institute of Social Welfare and Business Management, conducted a course for the officers of the field counselling services of the Social Welfare Board<sup>29</sup>.

### **Other training programmes**

Besides the major schemes mentioned, there are various training programmes being conducted by national as well as State and district level organisations. Some of the important programmes dealing directly or indirectly with child welfare are:

- (a) The training of the personnel for border area programmes: Under this scheme, in 1970, the NEFA State Advisory Board trained *gramsevikas* through the Kasturba Gandhi Memorial Trust<sup>30</sup>. These *gramsevikas* after training, work with the tribal women and try to inculcate in them fundamental knowledge on child care and development, nutrition, etc.
- (b) The training of the women in tribal areas: This is being conducted by the Central Social Welfare Board with the assistance of the scheduled tribes division of the Department of Social Welfare<sup>31</sup>. Two centres one in Dumka, Bihar and the other in Jhalod in Gujarat, are running under this scheme.
- (c) Training of the Bharatiya Adim Jati Sevak Sangh workers: There are at present 6 centres functioning, and 5 more are to come up by the end of 1973<sup>32</sup>.
- (d) Training of workers conducted periodically by Nanhi Duniya for girls whose qualifications range from fifth class to the

graduate level: The duration of the courses varies from 15 days to 3 months depending upon the need.

### **F uture programmes**

- (a) The composite programme for women and pre-school children. This scheme to be conducted by the Department of Community Development, will operate outside the areas covered by the applied nutrition programme and the Family and Child Welfare Programme. One of the services to be rendered under this scheme is the demonstration feeding programme to be undertaken in 375 blocks<sup>33</sup>. In each of the selected blocks five existing *balwadis* will be chosen to start the feeding centres. The untrained '*balwadi*' workers who will be in-charge of these feeding centres are to get a comprehensive training of three months' duration, while those who have had training already will be given a fifteen days' orientation. The training will be conducted at the centres that normally impart training to *mukhyasevikas* and *gramsevikas*.
- (b) Training of field workers, organisers and voluntary workers working for the promotion and the development of welfare activities among children visualised by the Indian Council for Child Welfare, as the major function of the training wing which the council proposes to establish at its head-quarters in New Delhi<sup>34</sup>: In the first phase, training programmes will be organised for voluntary workers and officers of the State and the district councils. This facility will be later extended to other agencies also. The proposal is receiving the active attention of the Council and is expected to be implemented very soon.
- (c) A *balsevika* training scheme to train girls of the NEFA area who will be absorbed in the *balwadis* to be set up by the Bharatiya Adim Jati Sevak Sangh: Candidates who have passed the eighth class are eligible for admission. The proposal is being considered by the Department of Social Welfare at the request of the Indian Council for Child Welfare.

### **Over-all assessment**

Inadequacy of properly trained personnel to conduct the services at various levels will continue for a long time to come. Social Welfare services are still mainly rendered by voluntary organisations, and unless an awareness regarding the need for training is felt by the members of these organisations, very little can be achieved in these areas. However a wide spread movement of organising in-service short term job-orientation to workers at all levels, especially of voluntary agencies, can be an easy and effective solution.

Another factor which acts as a drag in the progress of the training programme is the lack of proper reference books and guidelines which can be used by instructors who impart training. Two volumes entitled '*Balsevika*' brought out by the Central Social Welfare Board need special mention in this context. For the benefit of the *balsevika* centres, the Indian Council for Child Welfare has prepared and circulated among the centres a list of reference books. The council is also working on the preparation of guidelines to the instructors of the Bal Sevika Training centres.

Non-availability of proper buildings with a congenial environment and adequate facilities to house the training centres, is a factor which has an adverse effect on the programme.

The working group of production and supply of educational equipment and toys for children constituted under the chairmanship of Smt. Kitty Shiva Rao in 1968 has drawn a basic list of equipment for the centres imparting training to *balwadi* workers<sup>35</sup>. This is an ideal towards which the centres can well afford to aim.

It has been observed that competent candidates are failing to undertake training in social welfare due to the poor remuneration given to the workers after training. This calls for a revision of pay scales of the welfare workers in the rural areas so that it will give enough incentive for competent people to undergo training in areas of child welfare.

An area where proper training is not being imparted is that of the workers in the orphanages. Most of the orphanages in India are run by voluntary bodies and workers who are entrusted with the care of the children hardly know anything about their care, development and needs.

No efforts have been made in this direction so far, excepting for the orientation course conducted by the Central Institute of Research and Training in Public Co-operation for the supervisory staff employed in residential institutions, and the orientation courses conducted for the mothers of the SOS villages at New Delhi.

Training of creche attendants is another area which has not received the attention it commands. At the 14th Conference of the State Chief Inspectors of Factories held in 1960 it was decided to give specialised training to the attendants attached to creches at factories. Yet till today no systematic training is given to these workers. The matter was taken up with the Indian Council for Child Welfare and the Council showed willingness to undertake the training. But the programme had to be dropped since neither the State Governments nor the Ministry of Labour and Employment were willing to meet the necessary expenditure. They had called the tune, but were however unwilling to pay the piper<sup>36</sup>.

It is, therefore, imperative that we should impress upon the Ministry of Labour and Employment, the need for such training. This is an area

which we can hardly afford to neglect, since according to the 1961 figures alone, there were about 59 million women in the industrial labour force<sup>37</sup>.

Another major lacuna in the field is the lack of research and co-ordination. Overlapping and duplication of programmes are unavoidable, therefore, as a pre-requisite to all our efforts in the area of training of welfare personnel, there is a great need for a documentation centre for providing up-to-date information regarding the services being conducted in the field.

Establishment of regional institutes of training in the States to conduct long term and short term courses and a co-ordinating unit at the centre with a research cell attached would be an ideal proposition.

The need for having such a research unit was put forward and recommended by the Child Care Committee in 1962<sup>38</sup>. It is unfortunate that no measures have been taken to translate this recommendation into action.

In 1968-69 the Ganga Sharani Committee was set up and another set of recommendations made<sup>39</sup>. Thus down the years we have had a series of committees, which have left for posterity their proposals and recommendations — one is reminded strongly of the Cheshire cat, it's grin remains long after the rest of the cat has vanished.

Expansion and strengthening of the training programmes is possible only if there is continuity in services. If the continuity is broken, no concrete steps can be taken to achieve maximum results. This is true in the field of training as in all other fields.

It is being increasingly felt that the time has come to assess and decide whether we are to continue on the same lines or change our policies regarding the training of welfare personnel. A total survey of services in the field of child welfare, and an evaluation of personnel conducting these services, are, therefore, necessary.

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#### APPENDIX I

1. *Gramsevak*—Village level agricultural extension worker.
2. *Mukhyasevika*—Chief village level worker.
3. *Grihalakshmi*—helper of the gramsevika.
4. *Balwadi*—Welfare Centre for Pre-school children where the total needs of the children are met.
5. *Balsevika*—A *balwadi* worker.

## APPENDIX II

**Bal Sevika Training—Current Courses**

<i>Sl. No.</i>	<i>States</i>	<i>No. of Course</i>	<i>Date of Starting</i>	<i>No. of Girls</i>	<i>Sponsored</i>	<i>Non-sponsored</i>
1.	2.	3.	4.	5.	6.	7.
1.	Andhra Pradesh	VIth	14.10.70	51	51	...
2.	Kerala	VIIIth	3.6.70	50	50	...
3.	Kosbad (Maharashtra Rural)	VIIth	1.7.70	52	52	...
4.	Madras	IXth	1.6.70	49	49	...
5.	Mysore	VIIIth	17.8.70	51	50	1
6.	Madhya Pradesh	VIth	20.3.70	50	50	...
7.	Orissa	IIInd	1.5.70	40	40	...
8.	Punjab & Haryana	VIIIth	1.7.70	41	41	...
9.	Rajasthan	IVth	30.3.70	36	36	...
10.	Uttar Pradesh	VIth	1.10.70	50	50	...
11.	West Bengal	VIIIth	2.5.70	39	39	...

Number of current courses: 11

Number of trainees under training: 509

## APPENDIX III

**Bal Sevika Training—Total Picture—State wise**

<i>Sl. No.</i>	<i>States</i>	<i>Total Trained</i>	<i>Infor- mation available</i>	<i>Employed Out of Col. 4</i>	<i>Un-Emp- loyed Out of Col. 4</i>	<i>Informa- tion awaited</i>
1.	2.	3.	4.	5.	6.	7.
1.	Andhra Pradesh	161	126	117 (72.9%)	9 (27.1%)	35
2.	Kosbad	296	248	230 (92.7%)	18 (7.3%)	48
3.	Kerala	336	289	263 (91.1%)	26 (8.9%)	47
4.	Madras	369	320	312 (97.5%)	8 (3.1%)	49
5.	Mysore	309	265	257 (96.9%)	8 (3.1%)	44
6.	Madhya Pradesh	273	215	206 (95.9%)	9 (4.1%)	58
7.	Orissa	32	...	...	...	32
8.	Punjab & Haryana	298	259	237 (99.2%)	2 (0.8%)	39
9.	Rajasthan	139	139	121 (85.8%)	18 (14.2%)	...
10.	Uttar Pradesh	233	194	154	40 (20.5%)	39
11.	West Bengal	276	276	264 (95.6%)	12 (4.4%)	...
<b>TOTAL</b>		<b>2722</b>	<b>2331</b>	<b>2181 (93.5%)</b>	<b>150 (6.5%)</b>	<b>391</b>

## AN EVALUATIVE PERSPECTIVE ON SERVICES FOR THE PRE-SCHOOL CHILD

Dr. (Mrs.) M. KHALAKDINA

The pre-school child being the pivot of our discussion, it would perhaps not be out of context to get a closer look at him. He is one of 84,33,55 (16.5% of total population) in his age group (1, 1969), less frequently an urbanite or a tribal, more frequently a rural child, living under conditions where variations in social structure, village economy, ethnicity, traditional values and rituals defy classification into mutually, exclusive categories. He is to be found mostly within the precincts of his household, sometime clean but frequently not; generally underfed; sparsely clothed; unhurriedly supervised; he learns about the world around him in an incidental manner. Nevertheless, he is everybody's child and much loved. In the urban areas, if not one of the privileged few, he tags along in crowded localities with older siblings, or plays in a desultory fashion in the environs of construction scaffolding or within reach of his mother's work area, mostly apathetic and unkempt. It is *this pre-school child*, who lacks the bare necessities, who is the concern of planners, executors of plans, and evaluators of implemented plans for his age group.

Throughout the deliberations of this seminar, stress has been laid on critical themes. To recapitulate these are : the firm belief that the family is the main "up bringer", and that organisational services intervene in this upbringing, when the family lacks this capacity : that family planning measures notwithstanding, logistics indicate that the pre-school age group will increase from 49·7 million, i.e., 8·9% of 559·6 million population in 1971 to 54·3 million, i.e. 7·8% of 694·9 million population in 1981<sup>1</sup> : that since the child is relatively inaccessible, dependent upon mother's : acceptability of services, efforts should be directed towards mother's : that since the pre-school child is morbidity prone, health and nutrition are priority concerns ; and that the nature of interdependency of the child's needs implies an interdisciplinary and intersectoral approach. An evaluatory perspective on services of the pre-school child must take into account these critical themes, which are assumed in the following discussion.

1. Source :—India, Census of India papers 1961; India, Registrar General—Projection of Urban Population in India 1961-68. Mimeo 1967; and Registrar General—All India Population Projection, Mimeo 1964, (figures obtained by interpolation).

Data on the pre-school child are sparse, and where non-existent, especially in evaluation of programs, hunches and queries raised are mainly for the purpose of emphasising the need for such data. The purpose of this paper is therefore to serve as a stimulator for further discussion. As such, we need to examine :

Existen information about the environment and services for the pre-school child; the interaction between different sectors offering such services; the balance in planning and implementation; the perceptions of beneficiaries about services, some aspects of designing programs for homogeneous ecological regions; some salient features of implementation, especially in relation to objectives and attainment, and selected features of sector programs.

Finally consideration of the child in the technological era in which he will be an adult, with some indicators for immediate research as basis for evaluation are discussed.

#### **Awareness of the pre-school child's environment and services**

There is little information about the pre-school child's socio-psychological climate, his living conditions and the existence or availability of services for him. Compiled in 1956, the Directory of the Indian Council for Child Welfare provides a list of organisations about their activities, geared to the whole range of childhood (2, 1956). On a less macroscopic level, the Directory of the Indian Council for Social Welfare (3, 1970), and the Nirmala Niketan School of Social Work Survey (4, 1957), offer information about services in Maharashtra and Greater Bombay, respectively; except for one collation of programs for the young child<sup>1</sup>, we are handicapped in our knowledge of *who* and *where* does *what* for the pre-school child. We have more information on government programs, than on non-official programs, many of them noteworthy.

As regards living conditions of children, fortunately there is a recent movement towards collations, on such conditions (5, 6, 1969, 1970). Beyond these, available information is mostly in the form of enumeration statistics, existent as well as projections; such as registration of cases at the maternal and child health centres, the *number* of children enrolled in preschools, or the *number* of hospital beds existant and needed. These are used for planning further inputs in projected policies, as in the Child Care Committee Report (7, 1962); and the Ganga Sharan Committee Report (8, 1968). Available empirical data are often of small samples, as is the case of evaluation of 'balwadis' in one block (9, 1968), or studies of day care centres and creches in a city (10, 1956 and 1957). Such studies indicate what happens in implementation in a particular situation where

1. A compilation in progress for inclusion in a chapter on Early Child Care Programmes in India are a part of a series on Programmes for ChildCare--International Study Group, 1969-71.

combinations of influencing variables, such as administrative ability; community participation, personnel functions, facilities, and supervisory skill can be identified. Secondly, the number of unexpected factors which intervene frequently cannot be anticipated, such as the non-availability of immunisation vaccine, or the auxiliary nurse midwife's involvement in peripheral matter such as : stock-taking, checking and time in travelling rather than treatment guidance and home visits (11, 1969). There is need for analyses of such programs which succeed and which do not succeed—a kind of Critical Incident Technique (12, 1954). These would offer guidelines for organisations in similar ecological situations with similar facilities.

Further, we know very little about the upbringing of children, and the contingent attitudes and practices of parents in this process, their needs, especially of working mothers in urban areas for day care centres. While variations exist which are valid, knowledge of *global characteristics*, such as training in independence, and inculcation of moral values initiated in the pre-school years, is essential. Data bearing *indirectly* upon the child, such as family structure, caste and community which monitor family relations are more evident, than data relating to the child *directly*. For instance, in a collation on research in these areas from among studies, fiftyone studies relating to the pre-school child (all unpublished) deal most frequently with testing and psychological studies of the pre-school child (13, 1966). In another collation, from a total of 132 studies, 40 are in the area of child rearing practices — the important aspects are feeding, toilet training, independence and discipline.<sup>1</sup> A scrutiny indicates that the major age group is the pre-school child. A compilation of student research abstracts offers insights into child rearing practices of small ethnic groups (14, 1968).

### **Interaction in the program of different sectors**

Evaluation connotes both a *process* and a *product*. As a process, it concerns relationships between the objectives and the goals, as to how they should affect the child. As a product, it is concerned with what actually happens to the whole child. Evaluation in specific sectors, presents channellised approaches towards programming for the pre-school child. We need to be concerned with a *gestalt centrifugal* approach as to the process of interaction and the outcomes of such interactions of the various sectors. It is said that "in many countries the time appears right to assess the extent to which various programs affecting the child, support and complement each other for more effective plans" (14a, 1963). It is encouraging to see that there are growing tendencies in this direction. For instance, production of protein-rich foods is being related to the need for supplementary feeding of the vulnerable groups, as in the Applied

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1. A bibliography in progress on Early Child Care in India, 1971-72 by the author.

Nutrition Program; the Supplementary Feeding Program is related to the welfare program for the pre-school child as in the Family and Child Welfare Projects. These alliances are posited on the bases of research evidence that nutritional dwarfism is related to mental dwarfism (15, 1970); that protein-rich foods being a critical necessity during the vulnerable years of pre-school, agriculture must concentrate on the nutritional quality of its crops (16, 1970). Much depends, however, upon the philosophy generated by organisations which have high potentials for action. This appears to be the case in the welfare sector, where in an organisational setting the rural pre-school child has some nutrition, some education and some medical services. The beginnings of such concerted efforts is seen in the plans being developed for integrated services for the urban child (17, 1968).

Sector-wise, the health department provides maternal and child health centres, with emphasis on preventive services for the rural child. Curative services as hospitalisation and paediatric services are thinly spread in rural areas, where they are most needed. Pre-requisite, for a safe and protected environment, such as adequate water facilities and environmental sanitation, are phases of urban and community development programs, and are well known to be inadequate. In the educational sector, pre-school education is hampered by lack of financial support on an overall basis, except in the Balwadi program of the Family and Child Welfare Projects in rural areas. Voluntary organisations, through the grant-in-aid program, usually conduct welfare programs, many of them "mix" of education with welfare and some nutritional feeding. However, support in other forms to pre-school education is given by the government in teacher training programs, and in attempts to set up standards<sup>1</sup>. In the main, pre-school education as found in the various organisations is variously interpreted as to *quality* and *content*. Some are play-schools, other frankly day care centres, still others are pre-primary sections attached to primary schools. It is significant to mention here, that the Education Commission, specified education for the child before entering school as *pre-primary* and not as *pre-school* education (18, 1966). One might ask, is the connotation *pre-primary* taken to mean an extension of formal primary school education? If not, where and how are formal and informal education provided for in the pre-school years? For there are institutions, other than pre-primary, which also provide for the learning of number concepts, alphabets, and elementary reading and writing. A UNESCO publication, for instance, defines a pre-primary establishment "as a way to provide the very young with an *all-round functional education* which will support the education received at home by means of practical activity

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1. Teacher training programs : Bal Sevika Training Program of the ICCW; grant in-aid programs to voluntary organisations and orientation programs for field workers.

Setting up standards: Facilities given by national institutes like NCERT, NIHAEC, CHEB, CSWB, for workshops, seminars, short-term training programs.

and prepare them for acquisition of knowledge" (19, 1967). The Education Commission endorses similar objectives. We need clarification on the concept and interpretation of pre-school—pre-primary education, for such considerations may provide guidelines in interpreting the content of such educational programs.

### **Balance in emphasis**

We are now keenly aware that program planning must be *priority oriented* in terms of resources; that it should be based upon key situational data, and implemented in a pragmatic manner. We are a country of planners par excellence. What is thought provoking, however, is that one is aware of gigantic plans with adequate rationale as to the *why* and the *what* but with little emphasis as to *how* the field worker (the face-to-face interpreter of the program to the people) is to achieve the relentless and inflexible *target*. We need to examine the kind of assistance give to the field worker — the auxiliary nurse midwife, the balsevika, the pre-school teacher, the welfare organiser, as to the ways in which the theoretical plans and policies can be operationalised. These need to be unambiguously interpreted to the field worker and within her capacity to attain. Targets are attainable only to the extent that the methods evolved in the field situations are sufficiently *potent* to elicit such targets. Perhaps these strategies need to be chalked out in the programming process. What seems essential in order to evolve such methods is the need for '*in situ*' knowledge of the problematic entangles of situations, through dialogues with workers and beneficiaries, even, before developing a program. This was pinpointed precisely in a recent visit to a village :

A stalwart old farmer, his face weatherbeaten from years of looking up at the sun and rain, said slowly between puffs of his hooka, "Everybody has a destiny — yours is to plan a program, mine is to plough the field, so that I can have enough to feed my children. What is the use of your program to me ? You come and you go; but my children and I — we share each other's lives..."'

This villager expressed with age-old wisdom the primary desire—to be economically self-sufficient and to us programmers, his views about our programs. A program which does not enlist at least parental interest, if not involvement, is bound to be a halting program. Again even if there is initial resistance to a program, the task of interpretation to the public depends greatly upon the management of the business end of services. If the community sees that the program is continued with diligence, inspite of the odds facing the organization; it is eventually prepared to accept it. There are many such quietly working, silent programs around the country, which have been in operation for years, and are accepted and respected by the community in which they are located. The emphasis on the content of operations in the field and the involvement of the people for whom

the program is meant are *a priori* considerations for effective actionizing of programs. I have seen the operation of the very same program in two adjacent blocks, within a few miles of each, run by different organisations—one well-managed and the other indifferently. The well managed had close and continuous communication with the parents and a group of persevering workers.

### **Need perceptions of the beneficiaries**

A program articulates successfully or non-successfully according to the unique characteristics of the situation. These vary according to the region and the mode of life of the people (20, 1965). For instance, in feeding demonstrations of the Applied Nutrition Programs, where mothers are taught to prepare nutritious and balanced meals, frequently stress is laid on the *basic food chart*, and not on the nutrient content of *foods available* in the region. This stress bewilders the well-intentioned but illiterate mothers; for not having the necessary background, they tend to take such concepts literally and assume that unless they have the specified foods, good nutrition for their children is far removed. The situation becomes all the more ironic when emphasis is laid on a food such as green leafy vegetables which are not grown, not available or cannot be afforded by the group. Or, take the instance of a health program, where stress is laid on personal hygiene and the need for more frequent bathing of children; this becomes a frustrating situation for the group, where even drinking water has to be procured from long distances, as in tribal areas (21, 1970). Instances have been known to occur where high caste mothers refuse to sit with low caste mothers in demonstration feeding programs (22, 1966); or where eggs meant for the feeding of the vulnerable groups are gathered by households, sold in adjacent town markets to procure rice—the staple diet—which was inadequate in quantity.

There seems also to be operating within the beneficiary groups, a somewhat *trailing perception* of available services. Mothers are hardly aware of the hazards of latent malnutrition, eyesores, skin diseases and frequent diarrhoea among young children, and the need for measures such as constant good nutrition and personal and environmental hygiene. To give an example, when the fly population increased during the sugarcane processing season in a North Indian area, a campaign for disinfection of wells happened to be conducted at that time. The incidence of diarrhoea in children increased, and the mothers attributed the increase due to the 'medicine' in the drinking water, and not the increase in the fly population, which in any case was a regular phenomenon they had lived with for many years. Illiterate mothers tend to perceive services as mainly *curative* given here and now : a kind of *immediate gratification*, with little perception of the importance of preventive measures, such as vaccination for longterm protection—*deferred gratification*. So that often, when mothers bring very sick children to hospitals for cure, which is too late, they often

become disillusioned, not only about the efficacy of medical services but also of allied services. What this means is a monumental task of parent education, which is being attempted in a formalised manner in the 'griha-kendras' of the Family and Child Welfare Projects. In this connection, it may be said that young girls in rural areas are much more receptive to new ideas than older women<sup>1</sup>, and so might be considered a group to which greater attention could be paid. Such problems in urban areas are less frequently found. Hospitals and medical services are within easier reach, with a favourable milieu of parents availing of such services as a matter of course.

### **Programming on a geographical ecological basis**

The living conditions of our children being heterogenous, we ought to distinguish the segments of broadly conceived homogeneous strata. In rural areas, for instance, there are children living in cash-crop, subsistence, tribal and arid zones; in urban areas, there are children from migrant slums; over-crowded 'bustees' in 'the older sections of the cities', within and without municipality demarcations. Such differentiations taken into account in programming, might offer a more realistic focus on needed action and services (23, 1970). In cities, for instance, the rural migrant population usually has a two-class configuration — one close to the hinterland in outlook and habits, and the other a temporary participant in the general undifferentiated culture, with a kind of cultural anomie (24, 1964). Consideration will need to be given to the fact that while the need in the rural areas is comparatively large, magnitude of the urgency of needs in the urban areas has a greater intensity (25, 1968). Choices will need to be made, as to whether programs are to be directed towards the child himself or his environment; whether programs for children of transient migrant populations in city slums indicate bettering civic amenities or recreational centres; whether programs in rural areas should be intensified in parent education or in the provision of more 'balwadis'. Again, if the choice is to better civic amenities, for instance, the choice of action is to be related to short-term and long-term goals. For example, to wait for the laying of pipes to increase water facilities is a less effective choice than to immediately help mothers provide children with safe drinking water. That is, action must be provided for when needed, without waiting for the general community conditions to improve (26, 1970).

Programming should, therefore, offer many different models, all with the focus of strengthening the functions of the family within the

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1. A Master's program in Rural Community Extension, Delhi University, has been instituted since 1964; field work indicates that young girls, especially those who have not completed their 'gauna' (the period of waiting between the marriage ceremony and residence in husband's village) are more receptive to home improvement programs than older women.

given environs. Whether the family is moving towards 'nuclearisation' or is simply being restructured in its 'jointedness' (27, 1968), the responsibility of institutional services is to reinforce its strength.

Planning for children is both within sectors and across sectors, and requires to be more of the latter (28, 1967). The aim of planning is not just quantification in terms of targets, though it should be collected. There is one school of thought that stresses the need for *social indicators*, as bases for planning and not *input* estimates. It is said, "We need information about the conditions of society, how children have learned, not time and money used for school, about health, not number of doctors, about crime, not number of policemen" (29, 1970). This implies an evaluation of content of programs, and not simply an input-output ratio for achieving effectivity in programs. However, even when enumeration figures of social indicators are given, caution in interpretation is essential. For instance, the number of primary health centres is not an indication of the intensity of contact; or that the fact that there are Mahila Mandals in the community development projects is no indication of their adequate functioning. It may also be helpful to quantify the *means* available rather than the *ends*, as a basis for planning (30, 1964). For instance, an estimation of the number of 'balsevikas' existing and the numbers which can be turned out; or the type and amount of co-operation that can be given by the primary health centres for domiciliary services, could indicate the number and type of personnel available for services for pre-school children in rural areas. What frequently happens is that the program is conceived, estimates of requirements are made, the program begins and the program attritions. For either there are insufficient qualified staff, or the expected participation from the people is not forthcoming, or the expected co-ordination from other sectors does a neat summersault. The result is that indifferent programs function in a desultory fashion, or that funds lapse for the program for which they are sanctioned.

### **Some features of structures for implementing programs**

At this point, we need to look closely at some salient issues in organisation and administration, both in terms of the *vertical* dimensions within organisations, and *horizontal* in terms of *co-ordination* with other organisations. These issues have plagued the relationships between governmental and voluntary organisations. A great deal has been said about it from time to time<sup>1</sup>, but, the position remains essentially the same in terms of responsibility and accountability. There is a great deal of 'representative conferring' at conferences and the like, but to what extent 'actionising' is representative of government and voluntary effort is an area for systematic enquiry; and not "subjective guestimation".

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1. The Seminar for Volunteer Leaders of Welfare Agencies, held at Delhi School of Social Work, June 9-20, 1964, presents discussion on various facets of this problem.

In a recent critique on the workings of an All India organisation, the following extracts indicates a mood of enquiry :

"There are 592,000 people managing the affairs of various welfare aided organisations, while the beneficiaries number only 226,000; only less than a fourth of the workers are honorary...most of the 500,000 people employed are not even matriculates...among the office bearers the absence of trained workers is obvious...many rural organisations function from cities..."<sup>1</sup>

Another recent study presenting data on 158 voluntary agencies run by volunteers who are the administrators of the program reveals the training acumen, when it says "more importance is given to personal qualities, and then to academic, the general level of education ranging from those who have matriculated but have not graduated" (32, 1970). One should not, of course, discredit personal qualities like dedication, loyalty and perseverance in the face of odds which is a significant quality of 'voluntariness'. However, this leads to questions of smooth functioning within organisations between non-technical boards of management and technical executives.

There is also the oft-lamented lack of finances, and frequently well conceived programs are not able to achieve much because of this lack. More frequently however funds are not fully utilised because of lack of infra-structures necessary to implement programs. Further, the accountability of performance is often a labyrinth. To give one illustration — the work of welfare is the responsibility of 17 organisations, child welfare alone is dealt with by eight departments. The responsibility of the Family and Child Welfare Project is that of the Central Social Welfare Board, and not the Panchayat, though its participation is evaluated as essential for success (33, 1970).

It might be worthwhile to look at the approaches in implementing programs for children. To institute small-scale programs with built in evaluation systems, so that adjustments can conveniently and flexibly be introduced in the on-going program, is a requisite. Then, as greater experience is gained, the scope may be expanded. Such small-scale programs are the urban Mobile Creche Services in Delhi<sup>2</sup>, the Indian Scholarship Scheme, and the SOS village scheme. The first two also cater to the pre-school child, reaching out to family environs and supplementing family functions; while the latter is a brave venture to offer a home like environment to destitute and abandoned children. What the outcomes of such programs will be, must be based on a systematic analysis of their functions and achievements, without '*a priori*' judgements. One such program which is action-research-training oriented is the

1. News Team of the Statesman in the Sunday Statesman of May 24, 1970, New Delhi.

2. Mobile Creche services conducted for the immigrant workers in Delhi.

Indo-Dutch integrated project in the Chevella Block in Andhra Pradesh<sup>1</sup>. By providing for an in-built system of evaluation in a manageable program, it might offer systematic leads as to what makes for success and what makes for non-success. We should consider the merits of well-known and long-standing programs which have maintained standards over a long period of time like the programs of Nutan Bal Shiksha Sangh, Indore, and the tribal program at Kosbad. On the other hand we should also consider the vicissitudes of large scale programs which must be, if only for the important consideration that the needs of the larger group of pre-school children require *immediate amelioration*, and time-wise cannot wait for the illustrative acumen of small scale programs. In this case, we are faced with innumerable variables, unique to each individual situation which intervene and make for differences in achievement; at different places, in different degrees : of the same program.

Whether services are uni-directional; whether objectives are explicit or implicit, most organisations arrange their men, methods and materials so as to attain goals. It is these objectives and their corresponding goals which form the pivot of all evaluative effort. It is essential that objectives be so defined that they can accurately be *operationalised* in implementation. This would facilitate a valid evaluation of outcomes in relation to the operationalised objectives. To give an example, the objectives of the nationwide Family and Child Welfare scheme is stated as follows :

"the following basic needs should be met : safe birth, protection from environmental hazards, adequate nourishment and shelter, health protection, recreation, love and affection in family environment; early detection of social, physical and mental handicaps (34, 1970)".

One needs to ask, to what extent are there *operationalised indices*, by which one could infer the extent of attainment of these objectives. An examination of this evaluation report, and of an evaluation of the prior program—the Welfare Extension Project (35, 1959)—show that the indices, more often than not, do not relate to major objects, namely, the extent of providing for the above mentioned basic needs and their relative effects on the child, instead peripheral factors (no doubt important bases for such provisioning) are the focii, and the major focus—the child and his family—(the latter conspicuous by its absence in the scheme of things)—are relegated to the background. Secondly, program evaluation of the numerous agencies for the pre-school child, except for a few

1. Indo-Dutch Project : Integrated Child Care Project, operated jointly by GOI and the Foundation Netherlands Kinderhulp plan. A project for all phases of child life: evaluation cost analyses and where feasible cost benefit analysis. Project to be attempted in two phases: areas to cover health, nutrition, child protection and welfare, care of youth, and education, utilization of existing experience and resources. It is action, research and training oriented.

like the Bombay Mothers and Child Welfare Society<sup>1</sup>, are usually contained in annual reports. A cursory examination of their contents reveal a heavy preoccupation with finances, calendar of events; enumeration of projects and addition of beneficiaries. To what extent the organisation has met the needs of the child through its various activities, in what ways it has supplemented or substituted for the functions of the family, to what extent it has involved the parents and the community, are necessary indices. If it is offering one service, how intensely is it given, if it is offering more than one service how are these administered within the organisation, and how does the organisation co-ordinate with others working in close proximity for the same objectives; are important aspects.

In terms of evaluating the needs of the child, one might cite the evaluation report of the School Feeding Program in Andhra Pradesh, the major objective of the school program being supplemental feeding. This was the intended consequence, instead through *serendipity*, substitution was found in the fed schools (36, 1969). Such an outcome systematically evaluated is significant for realigning the action aspect of the program. Realistic achievement of objectives implies a high calibre of predictive skill (37, 1969), which is again dependent upon the training acumen of personnel and the attitudes of the beneficiary group. It is sometimes more realistic to set up a few attainable objectives on the basis of what can be done, even if it is as simple as inculcating personal and environmental hygiene habits in pre-school children; than to be bogged down with objectives which are laudatory, should be attained, but in given unique characteristics of the situation, are difficult to attain. This is not to say that there should not be the formulation of fundamental ideal objectives, but than in the setting up there should be concrete criteria. Whether these criteria are crude/sophisticated, objective/subjective, they must be amenable to units of measurement. These might then offer sufficient and necessary conditions for the reformulation of objectives or the reinterpretation of methodology. What is important is that they will help minimise costly experiments which remain experiments, in a country where such margins of error cannot be afforded, like the Integrated Child Welfare Demonstration Projects which began with a great deal of fanfare and are now being reconverted to Family and Child Welfare Projects.

### **Sector Programs**

The major institutional services for the pre-school child are a 'mix' of welfare services, with emphasis on one or the other of the sectors. It has been suggested by some experts that perhaps a cost benefit analysis

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1. Bombay Mothers and Children Society: established in 1919 has devised a record for beneficiaries, containing indices on the family, feeding practices, history of diseases, food habits, sleep, achievement, behaviour and personality—also prophylaxis and milestones for development : Comprehensive case records.

approach, might serve as an index of the efficiency of inputs versus outputs in considering the array of needs of the child. Whether it is a feasible process or not, the fact remains that we are faced with priorities vis-a-vis costs. No one will gainsay that costs notwithstanding, health and nutrition are priority concerns and must be implemented. Issues occur, however, when we have to consider projects within the sector such as more demonstration feeding programs for mothers, or more emphasis on milk distribution. Such considerations have engaged the attention of planners as expressed in the Bangkok Conference (37a, 1966) and more recently discussed in an analysis of the economics of malnutrition (37b, 1969).

As much ground has been covered in the previous papers presented by experts in the different sectors, only salient selected features of sectoral programs will be discussed here.

### **Education**

Given the premise that pre-school education may not be the full financial and organisational responsibility of the government for some time to come; nevertheless through the grant-in-aid program, organisations conducting pre-school services are offered some government subsidies. More recently, the Department of Pre-Primary Education of the NCERT has embarked on a long term program, preparing curriculum for teacher training at three levels, content programs for balwadis and development of low cost literature and equipment. It is also to implement a project whereby five pre-schools are to be attached to each of its 45 existing primary extension wings, on an experimental basis, in order to give an impetus to the program (38, 1970). However, until there is a momentum of voluntary response towards maintaining standards pre-school education is at best an ad-hoc program inspite of guides and manuals<sup>1</sup>. Pre-school education is mostly run on a commercial basis in urban areas by private organisations, some outstanding, most nondescript, as there is no monitoring system, except public consciousness and need. We should, therefore, ask what do the public, in fact the parents, want for their children from the pre-school system. In urban areas, there is a scramble to procure admission into outstanding primary schools in which pre-tests are competitive and varied. Hence parents express a need for training the ability of the child in formal aspects like number concepts, reading and writing in pre-school. Research is sparse in evaluating pre-school programs from the point of view of the parents<sup>2</sup>. The available material indicates that most parents in the rural

1. Guides and Manuals: NCERT: Guide for Nursery School Teachers; CSWB: "Minimum standards for Balwadis", "How to organise a balwadi"; ICSW: "Minimum Standards for child welfare institutions".

2 a. Seshamma: (Study of the scope and utility of some of the Aspects of Integrated Child Welfare Programme, 1967, Unpublished). Satisfaction with : the work of the  
(continued, next page)

areas look upon the 'balwadi' program as a day care centre, in fact they would like them to be whole day programs, that the child should be physically looked after, properly fed and given toys to play with. Their expectations are that the child will learn to read and write, and be prepared for formal school entry. We need much, but have little information on the outcomes of pre-school education for primary school, except indications from student projects (39, 1968) which find that initially the pre-school child shows some acceleration, but eventually it levels off, and after a few months, there is not much difference between those with and without pre-school education.

There are however some strong indications that the acceleration evident in the pre-school child is due to home stimulation among social classes and rural urban difference (40, 1970). Concern does exist that the pre-school child being ahead of the non-school at entrance, that he is relatively unchallenged by the formal, structured, group-oriented primary school, while others contend that it provides a smooth transition (41, 1964). Evidence exists that the Headstart program initiated for the socially and culturally deprived child in America, "indicates immediate and positive impact, which tends to diminish when headstart children are compared with control children" (42, 1970)). In developing countries, perhaps the overriding consideration is that in a group situation, the usually inaccessible pre-school child can be given some form of care, however minimal.

A third feature we need to consider, is the type of training imparted to teachers. Whatever the philosophy (montessori, kindergarten, playway, progressive or cognitive), there needs to be closer interaction between those who train and those who employ. This would give better guidelines for *job analyses*, and, therefore, requirements and specifications. The evaluation studies by NCERT and others (43a, 1968) and surveys of pre-schools in certain cities reveal the significance attached to the quality of pre-school teachers. In order to make the training more job-oriented, it might be suggested that models of *how to teach* should be developed which could be based on the *inductive process*. By this is meant,

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balsevika, alphabet and song instruction, good habits, and weaned behaviour of the child; least satisfaction with the CSM preparation. Most knowledge of physical care, expressed desire for longer pre-school hours, so mothers could attend to their work.

b. Report of the Evaluation Committee on Family and Child Welfare Projects, op. cit; limited development of voluntary organisation; programs unrelated to...hardly any activity directly relating to the family, inadequate supervision of the balsevikas work.

c. UNICEF (limited circulation); little link up with mothers of nursery school children, long lines of children sitting frequently immobilised with toys, sometimes without: not enough hours for the balsevika to do any of the peripheral jobs required of her, a tendency to do a little bit of everything, more so in meetings, book-keeping etc., little coordination, much coexistence with other agencies.

d. Patel, B. (Attitudes of parents towards pre-school education, 1967, Journal of Home Science, Pre-school Issue, University of Baroda). Mothers sent their children so that they could be looked after, given snacks, taught elementary concepts.

that trainees could critically observe on-going programs, and then construct principles in discussion groups monitored by trainers. It may be a difficult process for it implies greater effort; but this will more possibly stimulate analytic and assessment skills, necessary for field workers, who in the real situations meet with many unexpected contingencies. Further, in order to retain rural trainees for rural jobs, besides the stipulation of bonds, as practised by the Balsevika Training Programs, a set of criteria may be developed which could weed out trainees who tend to opt for urban jobs, which unfortunately have greater "stimulus attraction" than rural jobs.

### **Health and Nutrition**

In a seminar on the Health Needs of the pre-school child a report indicates, "that lack of focus on the pre-school child may be attributed to : the scarcity of resources and other priority demands, the dispersed plus twilight status of the pre-school child, and the health needs of the young being less felt by the community (in terms of policy oriented programs)" (44, 1968). The very nature of the relationships between pre-school child and his mother is such that health facilities require to be mobile so as to reach the child through his mother in the home environs, somewhat like the experiment reported in Greece (45, 1970). Such a packet of services may serve the purpose of the whole family, especially in relation to providing timely immunisation measures. Secondly, such mobile services might also mitigate the problems of bureaucratic coordination which delays action in providing services. True, these services might be more costly, vis-a-vis the services available in the primary health centre, but till such time as the infra-structure of block services are widened to provide for services in all blocks, and increase of sub-centres, such a short term measure might be considered in view of the immediate health needs of the pre-school child\*.

Another consideration is the need for a concerted health education program by identifying measures which are culturally compatible, where the germ theory of disease can be easily communicated, and the means for procuring medical aid are economic and easy. The utility of the Mahila Mandals for disseminating health education information and the services of indigenous medical practitioners wherever they exist in the key villages, by stocking with them subsidized first-aid kits and medicines, might ease the situation of availability of medical aid when urgently needed. The Report of the Group of Experts on Social Development

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\* The Central Council of Health in 1969 adopted resolutions on urgent health priorities. The de-accelerating pace of progress in the primary health centres and its sub-centres was a matter of concern. Special priority is to be given to set up centres in 400 blocks in distant and disadvantaged areas: efforts to vaccinate young children, especially of labour and migratory population, and priority to water supply and sanitation schemes, especially in scarcity rural areas, were considered.

planning has stressed the need for additional domiciliary services especially for pre-school child, (46). This implies mobilisation of local resources at all points, since increase in domiciliary personnel is a long term project. Such measures might also mitigate traditional hostility towards hospital care (47, 1966).

In the lower economic strata of urban areas, mothers are generally unaware of the scientific aspect of infant and pre-school feeding practices, the main basis being ignorance and lack of facilities. In fact, neighbours and in-laws are more frequently consulted (48, 1948, 1964, 1969). Coupled with this lack of adequate pediatric services, scarcely 20% children receive medical services (49, 1966). The aim of health provisions is preventive so as to minimise curative measures. To this end, whatever the primary objective of organisations, immunisation services at least for those children in accessible institutions like pre-schools and the Family and Child Welfare Projects organizations should be ensured. It has been found that the latter do not ensure or avail of preventive health measures to the extent they could (50, 1970). The detailed information provided by the UNICEF unit in the Tata Institute of Social Sciences provides a fine example of health and nutritional indices and facilities. Such geographical mapping data could be repeated in other sample areas. This collation shows clearly that health and nutritional services are primarily geared towards school children. Regional surveys of the health status of the young child have been taken from time to time, and more recently in socio-cultural groups (51, 1969).

The crash program in nutrition for one million children unfortunately does not touch the pre-school age group as it is for the 0-3 year age group<sup>1</sup>, nor does it come under the purview of the school feeding program. Although there is a provision for a Composite Program for Women and Pre-school children and some feeding provisions by the Department of Social Welfare for balwadi children in the five-year plan components<sup>2</sup>, the coverage is limited.

The nutritional efforts provided for this age group are the irregular and sporadic milk distribution programs of voluntary agencies, or in the 'nashta' program of the Family and Child Welfare projects, which range from parched gram on some days to full meals on others, or in the newly initiated urban integrated projects, as in Bombay. A report on "Some Economic Aspects of Malnutrition," stresses the fact, that, : 'the per capita per day deficiency in the age group one to six years of the household income group upto Rs. 150, is in the order of 22 grams of protein...that the incidence of sickness in the rural areas is higher for

1. Department of Social Welfare : A note on the crash program of nutrition for one million children in the age group 0-3 to be promoted during 1970-71.

2. Fourth Five Years Plan 1969-74 : Schemewise outlay for the Nutrition program in the Fourth Plan, Annexure I, P. 179.

the pre-school group and, that the cost per child per month to meet nutritional deficiencies will be about Rs. 4, in the lower income group alone..." (51, 1269). In the face of these and other factors, the analysis highlights the need for the commercialisation<sup>1</sup> of the nutrition welfare program. On the other hand, experts consider that the emphasis on commercialisation is unrealistic in view of the fact that, firstly, there is inadequate infrastructure for creating awareness and distribution, even if it were to be a government sponsored project. Secondly, in fortification of foods, commercialisation might mean indiscriminate fortification of foods, which might lead to protein amino acid imbalance in those frequently consuming such foods. It is imperative, therefore, that in the nutrition education programs, the group which should receive special focus are mothers of pre-school children. In the rural areas emphasis could be on the right combinations of foods available in their own environments. In the urban areas, emphasis could be on the utility and choice of supplemental foods available in local markets. Such information should be geared to conceptual understanding of 'balancing foods' and food habits (52.). A unique idea suggested for pre-primary and primary school children is incorporating the remunerative services of students in the National Service Scheme during summer months, for spread of nutrition consciousness (53, 1970).

### **Welfare**

Services for the socially and culturally deprived pre-school child have no clearly demarcated programming. Legislation for the child had beginnings in the Constitution, that "children and youth should be protected against exploitation and moral and material abandonment", it was followed by legislation for children only in some states<sup>2</sup>. Eighteen states are without the requisite acts or minimum legislative measures for the care and the protection of the child. Part of the unevenness is the lack of administrative structures (54, 1969). The Indian Children's Charter also called the National Policy for Children, tabled in the Lok Sabha, recommending among others "the protection and care of the child against labour exploitation and special care of the handicapped". It has been indifferently received by some states. The Adoption Bill on an All India basis,

1. Commercialisation : It is suggested that the nutrition program has to be temporary in character; increasingly, this should be transferred to normal commercial channels, and its load on budget should be reduced. This can be done only after the public has been educated in nutrition aspects and has accepted the value of nutrition, and is willing to pay the commercial price" (Page 23).

2. Child Legislation, "Children's Acts of the various states as well as the Central Children Act meant for the Union Territories aim at providing protection, care, shelter, training, education and rehabilitation to children who are disturbed, neglected, loveless, vagrant, exploited, uncontrollable and delinquent". Extract from Report of Working Group for Social Defence, Mimeo, 1969. P. 12. Annexure I, gives present position of Children's Acts.

which was under active consideration earlier this year, is still pending. Thus we have a wave of unenthusiasm about the plight of the destitute and abandoned child. There is no available information about the Pre-school child in such categories. A study of 379 orphanages (55, 1969) reveals a phenomenal rise by 58% between 1940-1968. From a total of 12,766 orphans the largest number are abandoned, illegitimate and foundlings, in that order. There is no indication of the pre-school age group : an academic guess is that a major proportion of these children are in the younger age groups. Whether by negligence or connivance, exploitation of child begging is still tolerated inspite of Article 38 F, and the government's plans to create a public climate of disapproval. However, legal measures cannot change attitudes, without alleviating the conditions which cause them. Since reaching the average pre-school child is a problem, reaching the socially disadvantaged child implies greater institutionalisation or foster care services. The former in most cases need to be revitalised to provide better emotional care, and the latter to be encouraged through careful casework with foster care parents. The program is in its infancy but is notable in the cities of Madras and Bombay<sup>1</sup>.

The position of the mentally retarded pre-school child is still further shrouded in obscurity. Often it is not until the school years that retardation becomes noticeable when the child is in competition with other children. Some sporadic programs for this age group are being attempted in Bombay and Ahmedabad<sup>2</sup>, but these are just the beginnings, and hardly touch the periphery of the needs of this group.

### **Preparation of the child for modernisation**

If we are to take a forward perspective for children, who are preschoolers today and adults of tomorrow's world, it is important here and now that we begin preparing them for a technological era. An overview of child rearing practices for the last two decades in America (56, 1958) has shown that *communication media* are the most potent influences for change. While there cannot be investment in several channels of communication in our country, there is no gainsaying the fact that the radio is the best means of reaching the illiterate mothers of pre-school children especially in rural areas contingent to urban areas<sup>3</sup>. With the advent of television and its expected expansion in India and the experience of a specific education program in America : "Sesame Street" for the socially and culturally deprived child, television programs for pre-school children

1. Foster-care Services : Special significance given at the 12th National Conference of Social Work, October 1961, the theme "New Frontiers in Social Welfare" Section III has discussed institutional services. Pilot Welfare Projects assisted by the Central Social Welfare Board at 1) Seva Samajam, Madras; and 2) Family Services Centre, Bombay.

2. Pre-school services by the National Association for the Blind, Bombay and the School for the Blind, Deaf, Mute, Ahmedabad.

3. Farm and Home Programs which are...broadcast on 41 Stations, 1 to 4 times a week, with special features on nutrition and child care.

in India might be worth exploring. "Sesame Street"<sup>1</sup> has widespread appeal in providing basic skills to advance learning readiness in young children and has had an impact on pre-schoolers and interested parents in the United States.

The global objective of the development of children, is preparation for a modernised environment. Studies have indicated that children from industrialised countries are better prepared for adaptation to a technological era vis-a-vis children of the "third world" (57, 1969). But before we embark on this preparation, we need to know about the norms of development in Indian children. The pathfinding work of the NCERT in compiling such norms, and the longitudinal study of physical growth of infants at Baroda University are much needed pieces of research. Equally important is knowledge about the basic values in child rearing patterns, in order to know which values parents inculcate in the early years of their children. It becomes necessary, therefore, to review the content material for cognitive development in early childhood—the need being familiarity with mechanical and scientific concepts. This requires great ingenuity on the part of pre-school teachers to adapt indigenous materials and traditional thinking along the principles of logical and scientific perceptual thinking, obviating the necessity of using expensive, city-made or foreign toys in rural balwadis, which are often under-utilised for fear of breakage. Emphasis has begun in the work of the NCERT and the Committee on Equipment<sup>2</sup> about possibilities for producing inexpensive educational materials.

### **Research Indicators**

National institutes, government appointed ad-hoc committees, schools of social work and colleges of home science and education are the main contributors to research in the field of development and services for the young child. In the main, these are of differential units of measurement, content and value. To what extent these have guided qualitative improvement of programs, both of government and voluntary projects, is an area of investigation. As has been indicated "the most serious problem is not so much overlapping of research efforts, but the lack of basic common thinking and co-operation" (58, 1968). There seems to be an urgent need for a Clearing House. This idea was first mooted in the Child Care Committee Report (59, 1962). We need to follow up this recommendation, and to collate and communicate research

1. Sesame Street: Produced by the Children's Television Workshop, highly experimental in nature for the disadvantaged pre-school child. Well received reaching 91% of the potential age group audience (Mimeo note of the Indian Association for Pre-school Education through Education Division, USAID, India).

2. Working Group on Production of Educational Equipment and Toys for Children formed by the Department of Social Welfare. A basic list of equipment, etc., was prepared and is in the process of production with Production Unit-National Small Industries Corporation.

in the area of the young child, as has been done recently in the area of behavioural sciences, through the Indian Behavioural Science Abstracts.

We need to examine the ways in which organisers, parents and communities perceive the functioning and benefits of large scale programs. In a collation of studies on marriage and family, a neglected area cited is that of 'family transactions with societal agencies', (59a, 1965). It might be useful to conduct some action-research oriented studies like in the Narangwal Project<sup>1</sup> in order to systematically study the dynamics of interaction of the participating groups in selected projects.

While evaluation of contents of syllabi of training programs has been done, there is need for information on the evaluation of training programs, especially those of field level worker like the balsevika and the auxiliary nurse midwife. These should be from a job performance point of view, as to how they translate their learning into action.

There is absence of reliable information on the nature and magnitude of different problems of state programs; while the centre has a broad-based policy, many state governments do not have research cells to collate and utilise data, especially on the work of voluntary agencies. A recent survey has revealed that "the program of social welfare organisations tend to be ad-hoc and grow in a sporadic manner due to the absence of effective machinery and lag between objectives and implementation especially at the district level" (60a, 1970). Finally, there is urgent need for the examination of living conditions of pre-school children on a regionally mapped bases, as has been done for Greater Bombay. Carefully selected and important areas in rural and tribal regions with uniform indices could offer comparable data.

### **Development towards a National Policy**

The Indian National Committee Report on New Strategies for Social Development (61, 1970) takes into cognisance the dynamics of social change in the family and community, iterates the importance of child development, consonant with its emphasis on programs for the child, and stresses the importance of a National Policy, (*Ibid.*, P. 84-86). The need for a National Policy has been emphasised from the time of the Belagio Conference on "Planning for the needs of children in developing countries" (UNICEF 1964), through the Indian Council for Child Welfare Seminar on "National Policy for Children" (ICCW 1964), at the Bangkok Conference on 'Children and Youth in National Planning and Development in Asia' (UNICEF 1966). As early as 1962 in the Report of the 'Child Care Committee' and as recent as 1968 in the Ganga Sharan Committee Report on 'A Programme for Children', stress has been laid on the need for such a policy.

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1. John Hopkins University Team Report "*Rural Health Research Project at Narangwal*," Punjab 1969. Report presented at the 14th Annual Conference of the Indian Public Health Association, Jamshedpur.

As educationists we realise the significance of "intermittent reinforcement", for there is a growing concern by expertise that the care of the young, being a hybrid of government policies, bureaucratic schemes, varying degrees of "voluntariness" on the part of voluntary agencies, and a growing consensus among press and public, that unless policies are achievable, they only add to the laboriously accumulated list of recommendations. From these recommendations which are the off-shoots of high level conferences and symposia, it is estimated that hardly ten per cent are implemented. Further, there is little continuity of consideration from one conference to another on the 'carried over recommendations'—a kind of academic amnesia prevailing. Nevertheless, the draft resolution on a national policy for children is a creditable measure, if nothing else, to create an awareness about fulfilling the needs of the child. If it is a commitment to theoretical principles in the statement of the needs and measures required, then we are already committed to the United Nations Children's Charter, and Constitution of India. The crux of the matter is how will the States with their scarce resources and other priority needs achieve the above aims. This is a moot question, vis-a-vis a provision in the text 'that the State shall provide necessary administrative and legislative support—facilities for training and research'. A policy is a good beginning for concerted effort; but a policy will remain a policy unless it is built on the bases of available resources and the trained capacity of personnel to utilize them.

### **Conclusion**

In the preceding sections there has been an attempt to present evaluative indices of plans, programs and research for the pre-school child; which are of course well known to expertise in the field. It attempts to highlight salient features; such as the premises on which plans for programs need to be based; some of the areas of significant work in action and research in the different sectors; and the focii which should engage the attention of those planning and working in the area of services for the pre-school child. Lack of information in many areas, should impel intensive thinking on efficient, economic and realistic programming. Underlying this thinking is the need to recognise that programs should guard against making the family dependent while strengthening it; or of supplanting the family while supplementing it.

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**PLANNING AND COORDINATION OF SERVICES  
FOR  
THE PRE-SCHOOL CHILD**

MEHER C. NANAVATTY

The planning of services for the Pre-School Child is of recent origin, although reference to the importance of services for children was made from the very beginning of the development plan in the country. As early as 1951, Jawaharlal Nehru had observed that "ultimately... it is the human being that counts, and, if the human being counts, well, he counts much more as a child than as a grown-up... Child Welfare should really be considered as of paramount importance in the State's Plans". Since then the attention to the development of Children's services under the plan has experienced varying degree of importance. The concept of planning, possibly has contributed to this weightage. Having emphasised economic development as a primary focus, social planning secured a supportive position. Gradually however social planning is being given adequate weightage as an integral part of the national plan.

**Essentials of Planning for Children**

2. *Importance of the Pre-School child* : The focus on planning for the pre-school child is important for many reasons. (i) The total population of the pre-school age children according to the 1961 Census constitutes 15 percent of the total population. (ii) The pre-school age is most vulnerable and exacting segment of the total population from all counts; nutritional, health care, socialisation, and education. In terms of the turn-over, it is noticed that about 40 percent of the total deaths in India take place among children below 5 years. (iii) It is being realised that any great alteration in character development does not take place after the age of five. Any neglect during this age has a lasting effect in later years.

3. *As a National Investment* : The planning for the pre-school age children, like services for children in general, has to be based on the realisation that it is a national investment. It lays the foundation not only of man-power development, but also of a healthy society. The planning is therefore required to be more sharply focussed on the

requirements of the pre-school age children. It should not be based on traditional humanitarian objective but should be conceived as an economic investment for the future development of the nation.

4. *Integrated Development of the pre-school child* : In planning for the pre-school child, it is not desirable to provide a separate sector on children's services. What is necessary is the attention on the total requirements of the child in each of the existing sector of development. The resources provided in different sectors of the plan, such as health, nutrition, education, welfare, and even economic development in terms of man-power investment, have to be more consciously related to the requirements of children. Coordination of resources for children and harnessing their return in national development is more vital than just increasing resources in one sector or another.

5. *Importance of Family as a basic social institution* : The development and welfare of the pre-school child is basically related to the prevailing conditions in the family in which he grows. Family is the primary social institution for the care and protection of the child. Although the society and the state have responsibilities for the wellbeing of the children, their principal effort should be to assist the family in every way to fulfil its natural and social obligation.

6. It also needs to be recognised that the family as a social institution is influenced, nay circumscribed, by various social, and economic and political forces in the society. The family is shaped by the tradition of caste, religion and community forces. It is exposed to changing factors of development. Industrialisation adds to the rapidity of change. The joint family, which is the main stay of the Indian society, is experiencing stress and strain of change and is giving place to unitary families, specially in urban areas.

7. The prevailing un-even economic life in the families needs also to be taken into consideration. It is said that nearly 30 per cent of the total family in the country belong to the lower economic group where the struggle for life is so intense that adequate attention cannot be given to the development and welfare of the child. While planning for the services of children, it is necessary to give a priority of attention for helping these families to ensure conditions of health, growth and development for their children.

8. *Need for Infra-structure* : It is also observed that the inadequacy of organisational set-up is one of the major limitations in developing services for children. In the past the resources made available for children's services in the Plan could not be adequately utilised in the absence of organisation and personnel. The basic requirements of the field of Child Welfare, as of Social Welfare, is development of infra-structure of organisations for promoting services.

9. *Preventive Services of Child Welfare* : While planning for children, it is necessary to take an integrated view of development and welfare of the child. A total view of the needs of the child, including the requirements of nutrition, health care, education and welfare, at different stages of his growth, needs to be taken. The reference to intersectoral planned development of services for children made earlier has relevance to this objective. At this stage of our discussion, it is also necessary to clarify one misunderstanding that seems to prevail among child welfare workers. To some of them the term "Welfare" is associated with the problem of the handicapped; specially the delinquent, the destitute, the blind, the deaf, and the crippled. They seem to believe that the services of development of the "normal" child are very distinct from those required for the handicapped child. This is not so. It is mostly the neglect of the requirements of the normal child that has resulted in the development of handicaps among children. Nutritional services is a good example in this context. The neglect of nutrition of the pre-school age children, specially in relation to vitamin A requirements, results in twelve thousand children going blind every year. Or to put it in another way, out of the four million blind in the country, nearly one million could have been saved if nutritional requirements was met at the early stage of their existence. It is primarily in absence of preventive measures of development that the curative and ameliorative services are necessary. If this is realised, we would correlate the requirements of the normal child with those of the handicapped. Besides, in a country like ours which is wedded to social justice, the services for the underprivileged is the obligation of the nation. Most of the socially and physically handicapped children belong to this group. The concept of social welfare, therefore, need not be narrowly taken as one offering only ameliorative services for the handicapped. It is a positive concept covering both preventive as well as curative measures. In terms of planning of services a balanced view needs to be taken in providing services for the normal as well as the handicapped children, keeping in view the present emphasis adopted by the nation on "development with social justice".

10. *Need for a National Policy* : It is being argued that in the absence of any policy for providing services for children, their development suffers. This is true to some extent. The policy statement is necessary to provide guide-lines for development and the targets for realisation within a given period of time. However certain directives are already embedded in the Constitution of the nation for promoting children's services. They provide the necessary background. In addition an adoption of the policy resolution on children is likely to help the nation to focus its attention to the areas of priority of services, the need for establishing the infrastructure and of coordination of efforts to harness the resources of finances and man-power available for children's services in the country.

11. *Joint Responsibility of Government and Voluntary Sectors* : While dealing with the question of planning for children's services, it is also necessary to recognise the contribution of both governmental and non-governmental effort. The governmental resources for development constitutes one major source. This is more so in relation to welfare services, specially children's services. A sizable contribution for the development of children's services comes from the voluntary sector. Planning for the services for the pre-school age children should therefore take into consideration the resources available both with the government and voluntary organisations and the people who contribute funds through taxes and donations. Even within the governmental effort, the major responsibilities for the promotion of welfare services rests with the State Governments, the subjects, being in the State list. It is therefore necessary to associate the Central, and the State Governments and voluntary organisations active with children's services, in planning for the services of the Pre-School Child from the very beginning. Planning of services has to be a joint responsibility so as to ensure its execution in the field in the interest of children.

#### CONSTITUENTS OF PLANNING

12. Planning, to be effective, has to be related to (a) the study of the needs of the pre-school children and collection and analysis of data on their requirements; (b) the areas of services (c) the determination of gaps and the areas of priorities for utilising the limited resources available, (d) the organisational structure, (e) the resources of funds and man-power, and (f) for the coordination of the efforts to provide the highest possible level of service to children. In the following pages efforts have been made to cover these constituents of planning for children, utilising the data available in the papers prepared for the Seminar and from other available sources.

#### THE NEEDS OF THE PRE-SCHOOL CHILD

13. Needs of children are related to the biological requirements of their growth, the social environment in which they are born and brought up and the expectations of adult life for which they are prepared. The needs vary with the stages of growth of the child. Even for the pre-school child, the needs and requirements are to be considered in three stages, 0 to 1, 1 to 3 and 3 to 5 years. The papers presented at the seminar have dealt with this aspect of the subject in great details.

14. It would however be appropriate to remind ourselves of the basic needs of the pre-school child. The child requires recognition of his individuality. In addition, maternal protection, love and understanding in the home and the family are essential for his growth. The child requires affection of the mother and the family. Hence he should not be separated from them except under compelling circumstances.

15. The pre-school child has special needs in respect of health and nutrition. From the time of conception both mother and child should receive proper medical treatment. Communicable diseases are the major cause of sickness and death during childhood. Maternity and child health services are, therefore, basic to the development of health of mother and child. Similarly nutrition is basic to the health of mother and child. Lack of nutrition, specially of calories, protein, vitamin and iron, is the main handicap in healthy growth of the pre-school child. Hunger and mal-nutrition undermine the growth of the child and prevent him in later life from making his full contribution as a productive worker and a sociable citizen. Neglect of health and nutrition of the pre-school child gives rise to various social and physical handicaps in later years.

16. Psychological needs of the pre-school child are as important as the physical needs. Love, understanding, acceptance and sympathy are necessary for the emotional growth of the child. The development of the child as a social being begins in the home, where the ground is prepared for his continued social development in the wider environment of the school and the community. Children who are unhappy in the early life, develop feelings of fear, anxiety and resentment that are extremely difficult to allay even in a more favourable environment in later years. The neglect of the emotional and social needs of the pre-school child contributes to prevalence of delinquency among children.

17. Education is an essential need of the pre-school child, specially such education that could help him to develop knowledge, judgement, moral and social values and enable him to play his role in society as a youth and an adult. The process of education during the pre-school age is rather informal and indirect. Play-way of learning is basic to his development. In fact play and recreation are two vital factors contributing to his growth. Freedom of expression and of development of his faculties are to be ensured. The media of play and recreation also need to be utilised for developing social values among the pre-school child.

18. Needs of the pre-school child for social welfare services are equally important. The assurance of family life is a first essential step. The social environment needs to be free of physical or mental hazards to life. Social discrimination needs to be avoided and happy family life provided as preventive measures of social development and welfare. The services for the handicapped child—socially and physically—need not be neglected. Where the family is not in a position to look after these children, community services around the family need to be provided as supportive services. It also needs to be realised that rapid political economic and social development causing profound changes in the structure and composition of society in our country affect the growth of the child. Such contacts with new environment create new reactions among children which need to be observed and provided for in offering help and

services for their development. The transition from the rural to industrial society is in itself a source of difficulty in his physical, social and intellectual development. Social factors of change, thus need to be borne in mind in the developmental programmes for children.

### DIFFICULTIES

19. The needs of the pre-school age children, like their counterparts in other age groups, are varied. They have to be met individually and selectively. This is the basic problem of planning for children. Universalisation of the services has been the main base of our planned development. As soon as the need for individualisation is emphasised, the planning of services experiences strain of organisation. In fact planning has been accustomed to avoid individualisation of services and thus refrain from entering the field. This is also a conceptual difficulty besides being organisational.

20. The vastness of the population of children in our country adds to the problem of planning for services. The 1961 Census gives the following figures of the population of the pre-school child in different age-groups. The projections of the population in 1969, the beginning of the Fourth Plan and in 1978, ten years after, are given below :

(Figures in thousand)

<i>Age-group</i>	<i>1961</i> (Census Year)	<i>1969</i> (Beginning of Fourth Plan)	<i>1974</i> (End of Fourth Plan)	<i>1979</i> (End of Fifth Plan)
0 to 1	16,897	18,039	18,992	17,459
1 upto 3	29,429	34,522	36,771	35,662
3 upto 6	38,690	41,134	52,298	54,082
<b>TOTAL</b>	<b>85,016</b>	<b>93,695</b>	<b>1,08,061</b>	<b>1,07,203</b>

As could be seen from above, the population of the pre-school age children in 1961 was 85, million 16, in 1969, 93 million 695, in 1974, 1,08, million 61 and in 1979 1,07,203. They constitute nearly 17 percent of the total population. To this the number of mothers in the age group 16 to 45, which was 93.36 million in 1961, has to be added, if services of children between 0 to 3 are to be ensured. Thus the total population requiring attention under the services for the pre-school child come to 178 million. The size of the population of the pre-school age children and their mothers is so vast and needs so varied that planning for services for them require the co-operation of all concerned. Government, community and individual families as well as international organisations.

21. The difficulties of planning for suitable services for so vast a population are further aggravated by its distribution pattern. Eighty two per cent of population live in about 6 lakh villages and 18 per cent in 107 towns having 0.1 million population and above and in 7 cities with one million and more population. Administratively the population is distributed among 18 States and 9 Union Territories with different pattern of organisational set-up and levels of governmental and voluntary developmental administration.

#### DATA ON NEEDS AND REQUIREMENTS

22. The Planning for the pre-school child requires the effective use of data on their needs and requirements. Unfortunately the data is conspicuous by its absence. There is hardly any study initiated to collect the required data on the subject. What is available is by the way of the symptoms of disorganisation in their physical or social development. For example, information on the prevailing malnutrition and under-nutrition of children coming in way of their development indicate the need for adequate nutrition for the normal child. Similarly the extensive prevalence of blindness among children due to Vitamin A deficiency or the increase in social delinquency among children as indicated by increase in crime among them, make the social scientists, administrators and field workers feel concerned of the need for providing preventive services. Crime among children is on increase. In 1965, 20,988 cognizable cases of juvenile delinquents were reported. This showed 16.9 per cent increase from the previous year. The total number of juveniles apprehended in 1965 came to 68,284. However, the information recorded with police is only a fraction of the prevailing situation of social disorganisation. With regard to the physically handicapped children, no exact data are available. The estimates based on the projection of the internally accepted average of the handicapped population indicates the existence of about 0.5 million blind, 0.2 million deaf, 0.5 million orthopaedically handicapped and nearly 2 million mentally retarded children in the country.

23. Possibly in the field of nutrition, some systematic surveys have been undertaken. The Indian Council of Medical Research and State Nutritional Division had set up study centres which have conducted surveys on the nutritional status among children. The findings indicate that out of 80 million children in the pre-school age group, at least 30 - 40 per cent have some manifestation of protein calorie malnutrition. The incidence of vitamin A deficiency is equally high. At least 60 per cent of all young children in the country have nutritional anaemia. It is these preliminary studies that have enabled the field of Nutrition to have a sizable allotment of funds to be provided in the Fourth Plan for developing nutritional services. Other fields of Child Development should take heed from this and develop study centres for collection and analysis of data on children to secure the necessary resources.

24. The reporting on the normal as well as handicapped children is thus very meagre. For effective planning of services it is necessary to establish a system of collection of data on the needs and requirements of children. Instead of collecting data field-wise it would be desirable to have a picture on the total needs of children, including the requirements of health, nutrition, education and welfare. From this point of view studies in social profile on the basis of geographical areas can prove more useful. This would help not only in collecting the required data, but also in providing the right focus on planning of integrated services for children from the very beginning.

#### EXISTING SERVICES AND ORGANISATIONAL SET UP

25. The services existing for the pre-school child in the country, as indicated in the papers on different areas of requirements, are meagre. The gap between needs and services is staggering. Similarly the organisational set up for providing services is inadequate. It needs, however to be recognised that the most vital, at the same time extensive, organisational set up for providing services for the pre-school child is the family. It is this primary social institution that needs to be strengthened and supported. Educating parents is therefore the most important area of service. The programme of parents' education in understanding nutrition, health care and education need of the pre-school age children has to be promoted as a priority measure.

26. As it has been stated earlier nearly thirty per cent of the families, which belong to the lower economic group of population are not able to meet the needs of their children even if proper education is provided to them. They require additional help in terms of supplementary assistance in the form of nutrition, education and welfare. The resources available from public funds have to be utilised in helping these families.

27. The Primary Health Centres and the Maternity and Child Health centres are the main agencies for providing services of health care and nutrition to children. They cover one eighth of the total rural population. Added to these are Family Planning centres. Although considerable advancement has taken place in extending health services, there is a real need to further extend the coverage by opening one Family Welfare Planning Centre for every 5000 of population. That would ensure not only the required health services for children but also an organisational set-up for giving nutrition to expectant and nursing mothers and children between 0 to 3 years.

28. The Balwadi is possibly the most useful organisational set up for providing integrated services of health, nutrition, education and welfare for children, between 3 to 5 years. There exist 6000 Balwadis under social welfare organisations in the country. In addition more than 3000

pre-school education centres exist under the educational institutions. More than 10,000 Balwadis are reported to be functioning under the Community Development Administration. All these organisations vary in standard of services and coverage of children. Although questions have been raised as to the ability of the present economy to bear the burden of universal coverage of services for the pre-school age child through Balwadis, it needs to be recognised that possibly the Balwadis provide the near best infra-structure for providing integrated services of development and welfare of the pre-school age child. The Education Commission has suggested the extension of the pre-school education programmes to cover 5 per cent of the pre-school age population, whereas the Ganga Sharan Sinha Report has recommended the coverage of 10 per cent of the population. The resources for the promotion of Balwadis not only could provide the organisational set up for offering integrated services for the pre-school child, but also could save the loss incurred at present due to stagnation in school education, and promote healthy development of children in later years.

#### RESOURCES FOR DEVELOPMENT

29. The extent of resources available for providing services of children is not known, although some inference can be made from the information available. The study of the outlays provided in the Fourth Plan indicates the following provisions which relate directly or indirectly to the development of children's services in the country.

(a) <i>For Nutritional Services*</i>	Total : Rs. 35·7 crores
(b) <i>Health Services and Family Planning*</i>	Total : Rs. 593·27 crores
(c) <i>Social Welfare Services*</i>	Total : Rs. 15·00 crores

In addition a provision of Rs. 4 crores a year is available in non-plan budget for providing nutrition to children between 0 to 3 years.

A major part of all these provisions relate to children's services in one way or another. However no specific amount is earmarked for the pre-school age children, other than those already indicated.

30. In addition to the resources available for children's services under governmental organisation a sizable amount is made available by international organisations. UNICEF assistance for children's services came to \$4,184,000 in 1969-70. This has increased to nearly \$5 million in 1970-71. Besides, the W.H.O., I.L.O., W.F.P. make their own contribution towards the development of different service programmes, out of which a sizable amount is spent on providing services for children.

31. In addition to the outlays given in the development plan, a sizable coverage of resources is likely to be available with the religious

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\* Details given in appendix.

and private organisations. It is estimated that assets worth more than Rs. 500 crores are available with the Hindu Religious Trusts. A study of the charitable Trusts in 13 Districts of Maharashtra indicated the existence of the assets more than of Rs. 100 crores. Projecting this coverage to other Districts, it may be appropriate to consider the possibility of having a total of Rs. 1000 crores, in religious and Charitable trusts in India. The primary question is of making the resources available for children by converting the present objective of the existing trusts.

32. A number of suggestions have already been made for raising resources from the public through special children's cess and/or utilisation of the income from State lotteries primarily for child development and welfare. One of the essential requirements of planning for children is of raising the required resources. The Ganga Sharan Sinha Committee indicated Rs. 5000 crores as the total requirements for developing childrens services in the country within the next ten years. One fifth of these requirements relate to those for the pre-school age children.

#### STRATEGY FOR DEVELOPMENT

33. Planning for such extensive requirements of the pre-school age children calls for a selective approach in view of the resources and organisation. It would be desirable to concentrate on three basic requirements of the pre-school child, viz., health care, nutrition and socialisation. These services could be provided in the family, it being the primary social institution. Education of the parents therefore should become the major programme of services. Besides, the facilities of health services should be made available to all families as far as possible.

34. In addition efforts should be made to cover ten per cent of the pre-school age children with Balwadi services, where facilities of health care, nutrition and socialisation could be made available. Preference should be given to children belonging to the lower economic group of families. The importance of nursery school education should be emphasised through educational propaganda so that the rest of the parents could provide Balwadi services on their own through private organisations.

35. An extensive programme of training of Balwadi workers should be provided in the country with the help of public finances so that an increasing number of trained workers are available for running Balwadis and pre-school institutions. Training of Balwadi workers should be considered as an essential part of child welfare services.

36. The finances for providing these services should be secured both from the public as well as private sources. The funds available under the development plan should be earmarked for specific services of the pre-school child which require priority of attention. Greater efforts

should be made to secure funds for childrens services from religious trusts and private charities. The possibility of introducing cess for raising funds from the public for children's services should be considered.

37. A policy resolution on children should be adopted by the Government for providing guide-lines in development of services for children in the country. The policy resolution can become a source of commitment of the nation in fulfilling its obligation to children.

38. A suitable machinery in the form of National and State children's Boards should be constituted to create and sustain public awareness of the needs of children and to coordinate and assess the efforts made by different governmental and private organisations engaged in implementing the programme of Child Development and Welfare.

#### AREAS OF COORDINATION

39. An effective coordination of services is an integral part of the strategy for development. The process of coordination should premeate the total effort at planning and implementation of the services for children. The inter-sectoral coordination in planning of services is a first step. The surveys conducted for preparing a social profile of the needs and requirements of children is the next. Balwadi as an organisational set up provides an excellent basis for coordinating the services of health, nutrition for and socialisation of children, at the field level. The Balsevika as a multi-purpose worker coordinates services for children in the Balwadi. Training of the Balsevika should be so provided that the required integration of services for children can be ensured.

40. The pooling of the resources of the family, the local community, the voluntary organisations and of the government is necessary to ensure services to the largest possible number of children in the country. The assessment of the services should also be made jointly by the Government and voluntary organisations so that the findings could provide a source of joint effort for improvement. These various phases of coordination require recognition of the contribution of each discipline and of organisation. In the final analysis coordination is a subject of attitude of workers and organisations towards each other.

41. To conclude, it is necessary to state that any effort at planning and coordination of services for the pre-school age children depends on the sense of unity of purpose for child development and welfare. A sense of brotherhood among all workers active with children is necessary to ensure the implementation of the plan and the programmes for children. Through this unity a foundation of national development of children's services can be laid.

## APPENDIX

(Rs. in crores)

**(a) For Nutritional Services**

(i) Prophylaxis against nutritional anaemia in mothers and children (under Department of Health and Family Planning)	4.05
(ii) Control of blindness in children caused by vitamin 'A' deficiency (Department of Health and Family Planning)	1.02
(iii) Applied Nutrition (Department of Community Development)	10.00
(iv) Composite Programme for Women and Children (Department of Community Development)	6.00
(v) Production of Balahar and low cost protein food (Department of Food)	7.50
(vi) Production of weaning food (Department of Food)	0.16
(vii) Pilot plan for protein isolation and protein isolation toned milk (Department of Food)	0.40
(viii) Nutrition programme for pre-school children through Balwadis (Department of Social Welfare)	6.00
Total	35.13

**(b) Health Services and Family Planning**

(i) Control of communicable diseases (Department of Health and Family Planning)	127.01
(ii) Primary Health centres (Department of Health and Family Planning)	76.49
(iii) Hospitals and Dispensaries (Department of Health and Family planning)	89.77
(iv) Family Planning	300.00
Total	593.27

APPENDIX  
(Continued)

**(c) Social Welfare Services**

(i) Family and Child Welfare Projects (Department of Social Welfare)	7·00
(ii) Welfare of the Destitute Children (Department of Social Welfare)	2·00
(iii) Grants-in-aid to voluntary social welfare organisations, majority of which promote child welfare services. (Department of Social Welfare)	6·00
<b>Total</b>	<b>15·00</b>

## **PRE-SCHOOL EDUCATION FOR THE POOR**

### **A PERSONAL TESTIMONY**

MEERA MAHADEVAN

This paper is not intended as an academic exercise. I have no pretensions to academic training in the field of social research. What I wish to present before this seminar is a study in depth of what many might call a pilot project designed to bring a broad-based education to poor pre-school children. I believe it provides some insights into the problems of such pre-school education and how they can be overcome with very modest means. This pilot project is necessarily confined to one limited geographical area (namely, Delhi) and one segment of the working population (namely, construction workers). Whether the experience and knowledge one gains from such pilot projects are transferable to other areas and situations is debatable and does not necessarily follow from what I shall say here.

Although education itself, taken in its broadest sweep, is a continuing problem in India, on which the last word has not yet been said nor perhaps will ever be said, a far more painful aspect of the matter is the almost complete lack of provision for the pre-school child of poor parents. To my knowledge, all government and municipal free schools admit children only after they are six-plus. Atleast this is wholly true of Delhi and is probably true of other places also. On the face of it, this tragic situation, in which the poverty of their parents is visited upon small children in a most unkind way, is a blot on our socialistic pretensions and needs to be faced squarely by all concerned. The plea that is put forward by government and municipal officers I have met in Delhi is that, while they are aware of the need, they do not have sufficient funds to be able to run even modestly equipped free nursery schools. I know at least one case of a fully fledged grant-in-aid school in which there is a wide differential between the high fee charged for the nursery section and the very nominal fee charged for all the other classes. The result of this anomaly is that voluntary agencies are being compelled to come into the field of providing some semblance of nursery education to poor children. Admittedly, what they achieve with their limited resources cannot claim to be the equivalent of what the rich child gets in an expensive nursery school. Nevertheless, our experience shows that a great

deal can be achieved without much expenditure and with the use of environmental materials.

Our pilot project is called by a somewhat long-winded name : 'Mobile Creches for working Mother's Children'. We call it MOBILE CRECHES for short. It all started some two years ago, when I began noticing the appalling conditions of neglect in which the children of the Rajasthani construction workers of Delhi pass their childhood. Since both father and mother work, these children are naturally left to fend for themselves. Unbathed, unkempt, often without clothes on, with nothing to play with except the rubble lying around a construction site, these children are a standing indictment of our society. Since the parents lead a nomadic life, moving from one construction site to another and living in make-shift huts, any kind of permanent schooling for the children was, of course, unthinkable.

The situation was a challenging one. If we were to do anything useful for these children, we knew we shall have to move with them and adjust our services to suit the compulsory mobility of their life. That, in brief, is how the idea of MOBILE CRECHES was born.

We began modestly with one construction site but soon found the idea so acceptable to both parents and children that we decided to strike out ambitiously to other construction sites as well. In the course of about a year and a half we have been able to set up MOBILE CRECHES at as many as five construction sites situated at widely distant places in Delhi.

What do we do at our MOBILE CRECHES ? How do we find our resources, both in men and money ? What do we eventually hope to achieve from the point of view of the poor labourer's child ? These are some of the questions that I shall try and answer in the rest of the paper.

Our MOBILE CRECHES, it must be understood, are not only creches for the very small children but also preparatory schools for the slightly bigger ones. With the tiny tots, our day begins with a programme of cleaning and washing. This is followed by a breakfast session in which they partake of milk porridge. Then till lunch they have a period of about two and a half hours of variegated educational activity. After lunch, which like breakfast is given to them free of cost, they have a period of games and recreation. The bigger children share the free lunch but are, of course, not given breakfast. Since I wish to deal in this paper only with the problem of the pre-school child, I shall not dilate upon what we do to keep the bigger children profitably engaged—which is a story by itself.

Some might wonder if the stress we lay upon hygiene, nutrition and clothing is not somewhat diversionary in so far as education per se is

concerned. But the living conditions of these children are so appalling that any other approach would be self-defeating. Our MOBILE CRECHES are more than a school for them. They are like a second home, where while their parents work, they are not only prepared for the crucial years ahead but also given the joys of childhood. We thus spend a lot of time teaching them to sing and dance, to paint pictures and build things and to understand the world around them. To look after their health, which is never up to the mark, we have a highly qualified paediatrician working with us on a voluntary basis. We thus bring to these poor children, for the first time in their life, the fruits of modern immunization and vitamin therapy.

Every building contractor, according to the prevailing law, is expected to provide minimum health and creche facilities to his labourers children. However, like most laws in our land, this is honoured more in the breach than in the observance. Our ultimate aim, therefore, is to bring the contractors to heel. It is my firm belief that, to be consistent with our country's socialistic aims, what we are now doing as a voluntary project should become a compulsory part of all building activity.

To begin with, we have succeeded in getting the contractors to bear part of the expenses of running creches. Their contribution takes the form of building temporary sheds to house the creches, providing water and lighting, and paying the monthly salary bills of teachers and helpers. Our other expenses, including purchase of furniture and equipment, are met from public donations. We have worked out an average expenditure of Rs.150 per child per year. Making allowance for fluctuations due to migration and other factors, we have had an average of 500 children under our care during this period.

My overall experience is that money can be easily found for pioneering work like this, but I am ashamed to admit that, despite all my efforts (which included talking to numerous women's organizations) not many women are willing to volunteer for such work. It is obvious that without enough voluntary workers to man the supervisory and administrative levels we cannot achieve a material expansion in our work. I have tried to understand the reasons for this but without success. I am willing to admit that there is not much glamour in this kind of work, but surely the deep satisfaction one gets from bringing joy and laughter to these poor children is well worth the time of any reasonably well-placed woman. But while our Indian sisters have shown a general reluctance to involve themselves with us in our work (dirty work, shall I say?) numerous foreign women temporarily resident in India, have been serving us splendidly as regular and conscientious volunteers. Without their help, I am sure we would have achieved much less, especially in term of the variety of activity programmes which are a hallmark of our work.

I cannot emphasize too strongly how important is the function of the voluntary worker in all such projects of social amelioration. Money is never, and can never be, the problem. Even in a poor country like India, and despite progressive socialization, there is still enough money for good causes. For example, one of our creches is financed almost entirely by a local industrialist.

Given fifty devoted Indian volunteers, who will naturally be free from the linguistic and cultural barriers which somewhat hamper the good work that our foreign volunteers are doing, we should be able to dot the whole of Delhi with a mobile creche at every large construction work site. In a rapidly developing city like Delhi this is a programme which, according to reliable estimates, should be self-sufficient for another twenty years.

I am an optimist. Although it may be coherently argued that socially ameliorative work (such as ours) by itself cannot be a substitute for social revolution; I am optimistic enough to assume that even such voluntary work has a vital role to play in the progressive realization of our basic social aims and ideals. Does it not stand to reason that taking culture, recreation and education to the poor and neglected pre-school child may well be the starting point from where the dark corners of our present-day educational non-system would be illuminated.

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## **CONCLUSIONS AND RECOMMENDATIONS**

### **Preamble**

The child between 1 to 6 years is most vulnerable to social and health hazards which can retard or arrest his rapid physical and mental development during these crucial years. This vital segment of child population comprises 17 per cent of the total population of India and in harsh economics it is economically non-productive for the country. Unfortunately, 40 per cent of the total deaths in India take place in this segment. A large majority of children in this age group lives in rural and tribal areas and in urban slums and is economically under-privileged and exposed to all types of hazards. To a large extent, this unfortunate situation is due to lack of proper appreciation of the fundamental importance of health, nutrition, education and social welfare services in these early formative years. It may be remembered that the quality of human resources and consequently the tempo of social and economic progress of the country will depend greatly on the way these services help children in this age group. With proper investment in the field of health, nutrition, education and social welfare, children of this age group can be helped to develop into competent human resources, so necessary for a developing country.

There are programmes for promoting health and welfare of children of pre-school age in the country today, operated by the Central and State Governments, Union Territory Administrations, local authorities and voluntary agencies. Unfortunately, the services provided through these programmes reach only a small fraction of the total pre-school child population. With these scanty services, the pre-school child population is in grave danger of suffering irreparable damage. Until and unless, urgent measures are taken radically to reorganise these services and to augment, expand and strengthen them, India, within a few years, may be faced with a large quantum of sub-standard human resources. A sense of urgency should, therefore, characterise planning and implementation of such programmes providing services for children between 1 to 6 years.

### **Objectives of programmes for pre-school children**

Every child has a right to all opportunities for realisation of full potential for development. In order to achieve this goal, comprehensive

programmes should be evolved keeping in view the needs of the child in totality. The objective of the total approach is not only to ensure better nutrition, health care and educational opportunities but also to provide preventive measures for social welfare of the child and his family. This is true of children of all ages and at all stages of development. Programmes for the pre-school child should, therefore, be designed keeping in view the need :

1. to promote positive health and optimum nutritional standards throughout this formative period with highest priority, particularly till the age of 3 years (*health and nutrition objective*);
2. to adopt measures for development of personality (*educational objective*); and
3. to provide suitable home and community environments to ensure security, love, acceptance and understanding (*social objective*).

For the programmes aimed at realising these objectives, there should be prescribed minimum standards which would, within the resources available, at the Centre, in the States and in the communities make the most essential services adapted to the needs of children in different ecological regions and situations and strive at reaching a great majority.

### **Minimum Programmes**

A. *Health Services* : The pre-school child should receive health supervision which should include :

1. immunization against common communicable diseases, e.g. smallpox, tuberculosis, tetanus, diphtheria, whooping cough and polio;
2. monitoring of growth and development to detect deviation from normal and to ensure intervention for preventive action;
3. provision of benefits of improved environmental sanitation and adequate water supply;
4. use of mass communication media through all health agencies to give health education to the community; and
5. the quality of services meant for the pre-school child.

These Health Services being an essential factor for the success of the family planning programme and *vice versa*, a close link should be established between these activities as far as they are mutually supporting.

B. *Nutrition Services* : The child is most vulnerable nutritionally during these years.

The following minimum services should, therefore, be provided:

1. nutritional support to all pre-school children in the weaker economic segments of the population in the form of supplementary foods and this being necessary, measures be taken to produce nutritious foods with local resources at cheap prices and to make these available to those in great need;
2. facilities for the detection of early cases of malnutrition, in all health agencies, to prevent the cases from reaching a stage of no return or necessitating rehabilitation; and
3. nutrition education through extension techniques at all levels and with the help of all relevant agencies.

C. *Education Services:* Programmes for pre-school education must provide scope for motor and physical growth, opportunity to live and learn with children and adults, and to learn about the world around. Facilities like the play centres, *Balwadis* and pre-primary schools should be available for learning through activities and aesthetic and cultural experiences. To facilitate this, emphasis should be given on training the staff in the utilisation of locally available materials for play and also in encouraging production of cheap play equipment for this age group.

D. *Social Welfare Services:* Strengthening family life; family education for utilising effectively services available for pre-school children; assistance to families for resolving social, emotional and economic problems; and community involvement in pre-school children's programme are some of the major areas where social welfare services should be used effectively.

It is evident that these social interventions cannot be carried out simultaneously in all sectors. It will be an immediate urgent task, therefore, to identify all the elements of health, nutrition, education, and social welfare which will have to be selected on a uniform basis for immediate action and those interventions which may have to be adapted from State to State and to urban and rural contexts or other specific situations.

### **Personnel Development**

A. Categories of personnel engaged in the services for pre-school children are:

- i) professionals;
- ii) field workers such as auxiliary nurse midwives, health visitors, *gram-sevikas* and *balsevikas*; and
- iii) voluntary workers

- B. Training for all field workers should include some understanding of the social and behavioural sciences and some practical skills in working with people and community. Pre-employment preparations of all categories of workers should conform to the job requirements.
- C. It is essential that senior administrators and policy makers of children's programmes, belonging to the different departments in either the Central or State Governments, should be oriented to the needs of pre-school children, and problems allied to the efforts made to meet them, through periodic workshops and seminars simultaneously acquainting them with the importance and urgency of programmes for this age-group of children in the overall context of national development.
- D. The importance of health and nutrition in the overall development of the child in general and pre-school children in particular should be given greater emphasis in the medical curriculum in order to prepare the medical and public health personnel to play a more effective role in such programmes. Similarly, the training facilities for instructors of health auxiliaries, pre-school teachers and *balsevikas* should be improved.
- E. Increasing attention should be focussed on the training requirement of field workers as they are the first contact persons with pre-school children. It may be attempted on the following lines :
  - 1. Practical work in the rural setting should be a major component of the training of field workers. Cooperation of professional bodies and academic institutions engaged in training and research should be sought for developing educational materials and writing books on modern lines for the field workers. Manuals in regional languages should be produced to serve as guidelines for all functionaries in the field. Some suitable information could even be included in the school curriculam that is being evolved at the Centre and in the States in India.
  - 2. Teaching aids like films, film strips, and projection slides should be prepared.
  - 3. There should be provision for constant guidance, supervision and evaluation of work, 'in-service training' and periodic refresher courses to ensure a high level of competence. Service conditions of the personnel should be improved. There should be provision for adequate housing, personal security of women workers and incentives for working in rural, tribal and remote areas.

### **Infra-structure**

It is generally agreed that one of the important bottlenecks in effective implementation of pre-school child programme is the absence of adequate infra-structure for implementing such a programme. It is, therefore, essential to develop an administrative and physical infra-structure. Some of the suggestions likely to be helpful here are :

1. Sufficient number of pre-school institutions with adequate equipment should be established immediately, throughout the country, hinging, where available, on already established services, school health centres, community centres, etc. Efforts should be made to provide more primary health centres and sub-centres and more health functionaries in the primary health centres and sub-centres so that a large number of pre-school children can be reached.
2. Adequate staffing pattern and sufficient budgetary provision for implementation of the programmes are necessary.
3. Job descriptions of workers at all levels should be clearly worked out keeping in view the quantum of work load and their limitations in execution and co-ordination.
4. There should be adequate channels of communication between the field staff and administrative authorities at all levels for effective implementation of the programmes.

### **Resource Mobilisation**

#### A. *Financial Resources :*

1. Since the development of pre-school children in the country is in the interest of total national development and, therefore, has a relation to the national policy, it is essential that, as a first step in this direction, 5 per cent of the plan provisions of the country should be reserved for programmes for improving and expanding the services for pre-school children.
2. Financial contribution from the community should be obtained for services for the child.
3. Large religious endowments and charitable trusts should be encouraged to build physical facilities and to provide equipment for institutions for the pre-school child. The States should accept responsibility for staffing and maintaining some of these institutions to ensure continuity of services.
4. Consideration may be given to levying of children's cess or to earmarking proceeds of government lotteries, for activities for pre-school children.

5. Re-deployment of present resources may be attempted as an immediate possibility with a view to achieving minimum programmes catering to the needs of a great majority of children.

**B. Equipment :**

The State may subsidise production of inexpensive toys, educational equipment and health aids meant for use in programmes for pre-school children. All equipment for pre-school programmes should be exempted from local taxes.

**C. Human Resources :**

1. Voluntary agencies should catalyse the efforts of the community in educating the families to support and to utilise the services and activate panchayats, *mahila mandals* (women's clubs) and other local bodies in assuming increasing responsibility in providing much needed continuity of peripheral services.
2. Active support from professional societies should be sought to improve the quality of services.
3. Volunteers such as members of National Services Scheme, university youth clubs, women's clubs and service clubs (like Rotary and Lions), and *mahila mandals* should be drafted for service.
4. The potential contribution of non-school-going youth and drop-outs for participation (on a remunerative basis) in providing service at the auxiliary level in these programmes should be encouraged.

School children can be involved in the welfare programmes for pre-school children during long vacations.

**Research, evaluation and dissemination of information**

1. At the present moment, there is no central agency for collecting, collating and disseminating information on the various aspects of pre-school child care and development. Such an agency is needed not only for information on morbidity and mortality of child population but also for dealing with all information regarding the existing services in relation to health, nutrition, education and welfare of children. Such a centre should be immediately established as it would be invaluable as a clearing house of information on operational research to be conducted by various institutions to make services more useful and training of personnel more effective. The needs of programmes for the pre-school child, such an agency could meet better.
2. Research and evaluation should be built into all programmes meant for children to help in planning for the future. Proper

records should be maintained by all organisations and institutions rendering services to children at all levels. Goal-oriented, operational, and applied research—not research for the sake of research—should be encouraged.

3. Applied research projects on child rearing practices, performance of children with or without *Balwadi* experiences and those with nutritional supplements, etc., should receive the highest priority.
4. The existing institutes or agencies carrying out research activities should normally be used and, where necessary, strengthened.

### **Strategy**

1. Urgency is the key word in planning strategy for providing and expanding services for pre-school children.
2. In view of the existing administrative frame-work in the country, inter-sectoral and integrated approach is the only solution that would help channelise such services effectively.
3. Due to limited resources, both financial and logistic, there is an immediate need to lay down short-term and long-term objectives on the basis of the existing resources and then to strengthen and extend the existing services on the basis of this objective.
4. Each sector of the Government is to be charged with laying down definite minimum targets to be achieved within a specified time for the pre-school children.

### **Co-ordination**

1. A co-ordinated approach is the pre-requisite in implementing programmes for pre-school children within the proposed inter-sectoral approach.
2. Co-ordination has to be achieved between all the agencies—governmental and voluntary—and at all levels—Central, State, district and village.
3. The Seminar acknowledges with appreciation the Government's proposal to establish a National Board for Child Welfare but suggests that it should be called a National Board for Child Development and that steps should be taken to expedite its formation.
4. The Seminar noted the experience of the Inter-departmental Working Group in Food and Nutrition under the auspices of the Planning Commission for co-ordinating food and nutrition programmes in the country and recommended that as an immediate measure, the Planning Commission might explore the possibility of creating an inter-departmental group to review the

existing services provided for pre-school children in the country, and to develop guidelines for further expansion and extension of such services. The Seminar also recommended that such co-ordinating bodies should be established at State levels.

5. The Seminar further suggested that the Planning Commission might constitute a "consultative panel" of leading specialists in the field of early child care to advise the Planning Commission's inter-departmental working group and any other national bodies, on developing policies in matters relevant to the pre-school child.
  6. Efforts should be made to coordinate international assistance that comes into the country for the various programmes meant for children of the age-group of 1-6 years with a view to achieving better returns.
  7. The Indian Council for Child Welfare is requested to appoint a small group to follow-up the recommendations of the Seminar.
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**EXHIBITION OF AIDS AND EQUIPMENT FOR SERVICES  
FOR THE PRE-SCHOOL CHILD  
OPENING ADDRESS**

Dr. (THIRUMATHI) VISALAKSHI NEDUNCHEZHIYAN

Mr. President, Thiru Venkatappiah, Dr. Phulrenu Guha, Mr. Gordon Carter and other distinguished delegates,

I deem it as a great privilege and honour to have been invited to declare open the exhibition on "Services for the Pre-School Child", held in connection with the Seminar organised on pre-school child by the Indian Council for Child Welfare and the International Children's Centre, Paris, with the help of several governmental and non-governmental agencies.

At the outset, I would like to express my heartfelt thanks to the organisers of the Seminar for having given me an opportunity to participate in such an important function as this.

In our country, out of the total population of 550 millions, nearly 110 millions are children in the pre-school age group between 2 and 6 years. This is almost 20 per cent of the total population. I would like to say that this is the most vulnerable group of population, since they are not covered adequately by any one of the existing health services like hospitals, dispensaries, primary health centres and maternal and child health services. This is the age group, when children learn to walk, talk and know the why and how of things around him. This is the most impressionable age when habits and customs are learnt by the children. This is the growing age with lot of scope for mental development. This is also the age group when children spend a lot of extra energy in play and growth and hence a lot of care should be taken to supply them adequate energy through good nutrition. The pre-school children are also specially exposed to the risk of common infectious and communicable diseases, risk of accidents at home and outside, risk of malnutrition and risk of improper character training. This is also a difficult age group to reach by the health workers. Further, all of us should bear in mind that to-day's child is tomorrow's citizen. Milton

has expressed this idea more beautifully, in his own words as, "Childhood shows the man, as morning shows the day". Thus it is clear that parents, community, church, teachers and doctors should all try to make the home, community, school and clinic attractive, satisfying all needs, health, education, so that the child will grow in a healthy atmosphere with a healthy attitude and healthy body in a sound mind. Slum environment, economic insecurity and unsatisfactory family environment during early childhood may all lead to increasing incidence of juvenile delinquency in children in their later life. Hence mental health requirements should also be taken into consideration.

The pre-school death rate in India is said to be between 21 and 35 per 1000 whereas it is only 1 to 5 per thousand in United Kingdom, United States of America and Japan. This accounts for 40 per cent of our total deaths. The pre-school children morbidity rate is much higher, considering the fact that almost all of them get all the common childhood diseases and suffer from lack of nourishing food or take improper food. Preventable causes like gastro-intestinal infections, respiratory infections, malnutrition and communicable diseases are the leading causes of death. So we have a huge problem to tackle by way of providing a comprehensive health service to pre-school children.

I am glad to note that many experts in the field have come forward to give detailed papers on their studies on the various aspects of pre-school problem and I am sure the gist and essence of this seminar will go a long way in improving and strengthening the services that are already being provided to our pre-school children through Primary Health Centres, Family Planning clinics, Maternity centres, Hospitals, Dispensaries and Balwadis.

We have to now decide as to how to reach every pre-school child, who is the proper trained staff to do the services and what should be her office like and how many such offices are needed to cover a given pre-school population. Sufficient number of trained paediatric nurses, paediatricians, psychologists and psychiatrists should be made available to work for pre-school children at the nucleus centre, periphery and referral centres. The pattern has got to be worked out for pre-school children separately and this set up should be a part of PHC set up just like the Family Planning wing. Free flow of scientific information based on experience and research in other countries should be invited and arranged to reach these PHCs periodically. Adequate transport facilities and drugs should be supplied in time. It is very consoling to note that international organisations like CARE and UNICEF have come forward to fight malnutrition among pre-school children. This has been in fact, dealt by Thiru Venkatappiah in his inaugural address at great length. Simultaneously, community health programmes should be improved to provide good sanitation of environment, protected water supply and

immunisation measures to one and all in the community. In this direction, the parents should also co-operate and take to Family Planning advice and bring forth only as many children as they can rear in good health and happiness.

The services rendered through well baby clinics, treatment centres, home visits, should all be of the highest calibre with dedication to the cause. With these objects in view, if more young medical and para-medical personnel seep into the rural parts of our country, I am sure, the success of the programme will be ensured in a short space of time.

Once again, I would like to thank and congratulate everyone of you for the unstinted efforts you are all putting in your own way to see progress in the health of pre-school children and wish all of you success in your endeavours.

With these few words, I have great pleasure in declaring open the exhibition organised here, which I am sure will go a long way to educate our mothers, teachers and others, since all aspects of pre-school education and needs have been exhibited. All aspects of pre-school care such as health, nutrition and educational aids and equipment have been organised by respective departments, the Central Social Welfare Board and also by the U.N. Family who do their maximum for pre-school children.

Thanking you once again.

## CLOSING SPEECH

Dr. PHULRENU GUHA

Hon. Thiru Justice Sadasivam, Dr.(Mrs.) Masse; Mr. Soler Sala, colleagues and friends,

At the outset, I must thank Hon'ble Justice Thiru Sadasivam for having come to us at such a short notice. In this meeting, Sri Jagannatha Rao was supposed to be here. But he could not leave New Delhi yesterday because of his parliamentary work and we are very very grateful to the Hon'ble Justice Thiru Sadasivam for having kindly agreed to give us his valuable guidance today at such a short notice. From the beginning of this week we have been engaged in the historical discussion about the needs of the pre-school child of 1-6 years of age and about the services that are there to meet them. India is a very big country and the child population of this age-group is said to be 17 millions. The rate of infant mortality is as high as 40 per cent. In this connection, I would like to say that infant mortality was even higher before 1947 and lately it has come down but still it is very high. During the period 1-6, years the growth of the child is faster and is of a major nature. They say by saying 'they', I mean the technicians, scientists and professionals, it is about 80 per cent and that if proper attention was not paid at that time, the future of the child may be jeopardised to a considerable extent. A major portion of the money subsequently spent on the development of the child would only be a waste. It is therefore very appropriate that at the request of International Children's Centre, Paris, the Indian Council for Child Welfare, with the help of UNICEF, organised this seminar on the pre-school child. Different ministries and departments of the Government of India and the Planning Commission were kind enough to extend their help and the Government of Tamil Nadu also were very kind to extend their help to organise this Seminar in this city of Madras. The Seminar Committee, the Programme Committee and the Working Group have arranged this seminar keeping in view that the variety of services should be made available in a co-ordinated and integrated way, to maximum number of children, with the available resources and the maximisation of social services from the existing investment, should be successfully achieved. For this, the existing organisations, resources and types of centres connected with service of the children should be streamlined. The result of the seminar—it may take some time to measure it. But

the experience of the inter-disciplinary approach to discussion is to my mind left most of us changed for the better. I hope that the existing services have caused a new awareness and our experience here would indicate a change for the better for all of us. The report of the Seminar, after a discussion of five long days will soon be presented and therefore, I would not say more about it. Dr. Ghai will present the report; and a lot of suggestions have been made and they will be incorporated in the Report in due course, since it could not be done at such short notice. It will be done as early as possible, by the people to whom the Seminar has entrusted the work. I should like to say that there was a suggestion that there should be a national policy to set apart a minimum percentage of the national resources for the pre-school child and we thought that we should request the Government to set apart a percentage of the national budget for the welfare of the pre-school child and I hope that the Government of India will consider our suggestion and will implement it as quickly as possible.

We welcome you all among our midst and you have been deliberating in this hall during this week and it was quite interesting to see how the people coming from different disciplines are interested in putting forth their points of view with firmness. In this connection, I should say that I was never unhappy about it. It only shows that they are very much attached to the service. When you are sincere you fight for your point of view. But I must say that after the discussion was over, we have come to certain conclusions and the inter-disciplinary workers have come to some agreement and it is in the fitness of things that you, the Honourable Justice, should be here to give us some guidelines for future action. I understand that you are one of those who have drafted many of the social welfare schemes in this city. It is therefore in the fitness of things you have come to give us some guidance today. We have to learn the art of making a balanced use of the resources available for the respective schemes in the interest of the pre-school child. Our ultimate objective is service to man—pre-school child in the present context.

I take this opportunity to thank the members of the Seminar Committee, the Programme Committee and the Working Group, my colleagues of the I.C.C.W., and particularly Shrimati Shyam Kumari Khan, Shri Radha Raman, Shrimati Mary Clubwala Jadhav and Shrimati Manjubhashini for the support they gave me and the responsibility they have shouldered in relation to this seminar. To the International Children's Centre, Paris, our grateful thanks are due and particularly to Dr. Masse, because, since her arrival in India, she has lent us her co-operation and that also, with her pleasing manners and charming face. In this connection, I have no time to make mention about all, one after another; but I thank all the Chairmen of the different sections of the morning and afternoon sessions of the Seminar everyday. They had to

put in a good deal of effort and on behalf of all of us, I once again thank them all. I also thank the Rapporteurs and it is a very difficult job to record for the use of the drafting committee and I, particularly, thank all the members of the drafting committee who have taken so much trouble to draft the report at such short notice and within such a short time. They have worked very hard and I particularly thank Dr. Ghai for the trouble he took in the work of the drafting committee. I must thank our friends of UNICEF. They have extended all their help and particularly I thank Mr. Henry Davis, because in every working group and other meetings, he was present and extended all his support and help and whatever is possible for him. I also extend my thanks to F.A.O., UNESCO, and WHO for sending their representatives to participate in this seminar and they have given us their valuable suggestions and really brought into this seminar a global approach. I should thank separately all my colleagues at different levels and different kinds. I thank all workers—whether from the Government or voluntary sector—we are colleagues since we are all working together. I take this opportunity on behalf of the Seminar Committee and on behalf of myself and on behalf of I.C.C.W. to thank all of them for having taken so much trouble and for their profitable suggestions for our future work. Thank you all for the support given to us to conduct the Seminar in such a wonderful way. You will forgive me, if I say just like a child, that when today I am leaving the place, I really feel that we are going away from so many smiling faces. I thank you once again and give all good wishes to all of you.

## VALEDICTORY ADDRESS

HON. JUSTICE THIRU R. SADASIVAM

Madam President, Ladies and Gentlemen,

I am here before you this fore-noon in the place of Mr. Jagannatha Rao who should have been here to deliver this valedictory address. It is only yesterday morning Thirumathi Clubwala Jadhav asked me to fill up the gap and I readily agreed to it as I am very much obliged to her for the several social service activities she is doing in the city of Madras and the State. The small return that I can do to her for my acquaintance with her in social work which commenced even while I was Sessions Judge in the districts and of associating myself with her work when I came to Madras 12 years ago as Chief Presidency Magistrate. I know what amount of trouble one has to take to conduct and run the several social service institutions. She put me in charge of some of them and I am continuing to be the President of the Abhyanilayam and therefore I realise the amount of energy one has to devote in doing such work. I admire her energy and skill in co-ordinating a large number of social service activities. At her request, I took part in a recent Seminar on mental retardation.

Yesterday evening Mr. Kulkarni gave me the various papers read in this Seminar. I browsed over them yesterday night. I could not study them. But it was an experience by itself. And I had my own apprehensions when I came here this fore-noon to talk among a group of experts in various fields connected with the pre-school children. It would therefore be presumptuous on my part to say anything about your work without having had any practical experience. I also thought I might look a little bit odd in the midst of doctors. But in one sense I must say I am quite accustomed to such an atmosphere; my younger brother is a doctor, my daughter is a doctor, my son-in-law is a doctor and my nephew is a doctor. Living in the midst of them, I cannot say I am not acquainted or familiar with the atmosphere of doctors but to talk among them on a subject with which I am little acquainted is a little embarrassing.

The object of the Seminar has been mentioned as: need to review the existing arrangement made by the Government or non-governmental agencies for the children of the age group of one to six; identify the gaps that exist in the services organised for the children with a view to evolving a national strategy to improve the quality of the services through

appropriate remedial measures and to expand them to cover larger numbers. I find that over a hundred delegates—policy-makers, administrators, other professionals, academicians and people engaged in child welfare work had attended this Seminar. As I told you already I had only an opportunity to browse over the papers read here in the course of the last six days. But we had a beautiful summary of those papers and discussions given to us in the report submitted by Dr. Ghai just now. After that report I do not think I can usefully say anything, on the subject of the Seminar or the discussions which have taken place or the conclusions arrived at by the Seminar.

The Seminar has rightly stressed the need for rendering service to pre-school children in the field of health, education, nutrition, promotion and development of the personality and social objective to compensate for shortcomings in the home environment. The duty of the State in this matter is well recognised by the Directive Principles found in our constitution. Article 39(f) of the Constitution provides that the State shall in particular direct its policies towards securing that childhood and youth are protected against exploitation and against moral and material abandonment. Clause (e) of the same Article requires that children of tender age are not abused by being forced to enter avocations unsuited to their age or strength. This is against child labour which is fast disappearing. Again Article 45 of the Constitution provides for free and compulsory education for children till they complete the age of fourteen. But it is not possible for the State alone to implement all these objectives without the co-operation of the voluntary organizations and other agencies. The objective that every child has a right to full opportunities for the realization to the full of its potentialities has been rightly stressed in the report just now read.

Childhood as was rightly pointed out by the several delegates who took part in the Seminar is a decisive period for the formation of the individual's character. Even at the age of four or five years, the main traits of a person's character are already outlined, though the personality is completely shaped by the age of eighteen years. It is on account of this fact that we have a saying in Tamil ‘*Iyendil yilaiyathathu iyimbathil vilaiyathu*’ meaning; one who could not be bent and shaped at the age of five could not be bent and shaped at the age of fifty. I am now sixty and I could not bend at all. Hence the role of parents is to bring up the child properly even during its childhood. Here I am reminded of an anecdote. A mother took her three year old child to a child psychologist and consulted him as to the proper age at which she should commence the education of her child. The child education expert asked: ‘What is the age of your child?’ The mother said: ‘He has completed three years’. The expert told her: ‘Madam, you are three years and ten months late’. This reply of the expert hides behind it a big truth. And that is, if a person wants to bring forth a child he should think even at the time

of conception whether the child he proposes to bring forth, with all the mental and physical limitations of the parents, he will be able to help the child with proper attitudes to enable him to become a good citizen and whether he could afford the necessary education and training in life that would make the child enjoy a far better status and life than he himself enjoys. If this truth expressed by the expert is stressed and rightly directed, I think it can do much better in controlling our population than all the Family Planning Programmes that we have now. The birth rate should come down very much and it is a responsibility which should be shouldered by the parents. It is a difficult idea to be put through. Saint Thiruvalluvar again has devoted a whole chapter of ten verses on the blessings of children. The very first couplet is that of all the blessings one may have, we deem naught as of worth except the gift of children full of wisdom on earth, and not any type of children. In another couplet he has brought out the idea that one who has not listened to his own child's sweet lisping, that one would speak that flute is sweet and sweet is lute covered with string. But my father often used to say in the course of our living together that children are of doubtful pleasure but positive objects of trouble. These only brought out the difficulty of bringing up children. When all is said and done, it is the family which is the proper institution for the bringing up the child. A proper home has been stressed as the panacea for reducing anti-social activities and behaviour among children.

The education for the pre-school children has in one respect the same objective as that of the education of the school children generally. The object of such education is to make the child more and more to absorb the outer light of knowledge with its own inner light. The child should be allowed to evolve of its own accord. One should not lose sight of the fact that the educative process is to help the child to find its own truth. I have heard Dr. Annie Besant talk about these schools and colleges and on these subjects she used to stress the fact that the child possessed an immortal soul with a past of perhaps infinite magnitude stretching behind him and a present holding out hopes of a future, the glorious nature of which can hardly be imagined or apprehended. The child is not a child save in body. The person in charge of the child should be a friend of the soul and help the body of the child to adjust to the requirements of the soul. Thus the attitude towards the child should not be overbearing. Difficulties in handling normal children arise frequently on account of expecting children to behave like adults. A dominating parent considers that children should be seen and not heard, give implicit obedience and never put questions, or answer back, or ask for reasons. There is the other type of parents, namely, the overloving parents, who as the saying goes, spare the rod and spoil the child. That is the other extreme. In between are the parents who understand the difficulties of children and help them solve their problems. An

understanding mother if she finds any difficulty goes to the child psychologist to get her problem child grow better. This is not the occasion to go into all these details of which we are ignorant.

Nowadays we find a large number of preparatory schools known as nursery schools, kindergarten schools, montessori schools and so on. But it could not be said that such schools cater to the needs of all pre-school children. Though many of the privately managed schools are doing good work, there are institutions which have for their ideal only profit making. Therefore these schools require to be supervised by the State.

During the Seminar here it was stressed that children under six years of age comprise 17 per cent of the population but account for 40 per cent of the total deaths. A large majority of these children live in rural areas, urban slums and tribal areas. They are under-privileged and exposed to special risks. Shri Venkatappiah, Member of the Planning Commission who inaugurated the Seminar rightly stressed malnutrition among pre-school children as a serious handicap and suggested various means of tackling it. My brother Dr. Ratnavelu Subramaniam who was the Chief Physician of the Government General Hospital, Madras and retired a few months ago had three decades of experience in this field. He used to say that one of the greatest evils which he had to face and could not effectively deal with is malnutrition and not disease with which children are afflicted. Persons may come to the hospital for treatment of one disease or the other but once they are treated and sent home they came back to the hospital again suffering with some disease or the other. This is because they suffered from malnutrition and not from any real disease. That is a thing which cannot be easily solved. In spite of the fact that under the several five year plans our production has increased, supply of foodstuffs has increased, we find that the population is increasing at a greater rate and our food production is not able to compete with it. Therefore it is but right that malnutrition has been stressed by a number of speakers particularly the delegates who belong to the medical field who took part in this Seminar. In the Seminar on Mental Retardation also this aspect was stressed namely, that protein deficiency in growing children was one of the factors for causing mental retardation. In some Seminars for the handicapped, we have heard it said that blindness was caused by vitamin 'A' deficiency. Such things could be easily prevented by timely help. It is not for a layman like me to say what all preventive measures should be taken. It is a vast one and requires concerted and timely action of those who deal with it. In western countries much work has been done to eradicate communicable diseases like T.B., smallpox, etc. In fact my brother told me that when he went to a London hospital they could not get a case of typhoid for demonstration purposes. If a case of typhoid occurs there, the Minister in charge of health gets into trouble in the Parliament. But if you go to a local hospital here you can get them in dozens and hundreds. We have laws for compulsory

vaccination for smallpox. It could not be said of the other preventible diseases. Measures could be taken for the prevention of T.B., polio, diphteria, whooping-cough, tetanus, etc. The administration of triple antegen to children will effectively prevent tetanus, whooping cough and diphtheria. Polio vaccine could be given for prevention of polio-myelitis. It is only families acquainted with these that take the trouble of taking these preventive measures. It is a sorrowful sight to see a child suffering from polio. Once the disease sets in, there is nothing to be done except to give them palliatives. It could have been prevented if steps had been taken at a very early age.

It is unnecessary for me to stress the role of social workers in this field. It is the duty of the social workers to really educate the illiterate parents through the various agencies like the radio, film, newspaper and other agencies for social work. I can hardly stress the need for the establishment of a centre to collect and collate and disburse information on all aspects of child care and development. Such a centre should have a wing for research and training of personnel and so on. One thing which I would like to mention on an occasion like this is the need for local workers. When I was the Chief Presidency Magistrate I had occasion to visit the Child Guidance Clinic which was started by my predecessor Mr. Ramakrishnan. Mrs. Clubwala is the Secretary of that clinic and she is doing good work there. Dr. Bose was then in charge when I found children looking into pictures, the pictures were all of western countries. I was unfamiliar with the surroundings depicted there as I had not gone out of India and my reactions about the pictures will be the same as those of children themselves. It is necessary—not also difficult—to have pictures of our own country with familiar surroundings to test the children.

When I was dealing with murder cases as District and Sessions Judge and as a Judge of the High court, till recently we depended largely on books of medical jurisprudence produced by western authors. No doubt they are good books but they do not take note of conditions in India. We should take note of them. Only recently persons like Mody made attempts to find out the local conditions, indicating the age according to the growth of the teeth. There are variations in these conditions between western countries and India. In fact I found a number of interesting details in the papers read in the Seminar. Such information should be collated, printed and made available to the public. This is a thing which should be particularly stressed.

I was a student of criminology. There we have got various theories for crimes, the positive school, social school, the economic theory school and so on and so forth. Each person belonged to the school of thought of his own theory for causation of crime. He thinks that because the book was printed by him it is the sole and the only cause. Crime is an

anti-social evil and is due to multifarious causes, and this could explain the multiple cause theory propounded by some authors. This requires co-operation among various persons working in the different fields to solve the problem. It is no doubt necessary that a person should have a sound head, a sound kidney, a sound liver, and a sound brain for a body as a whole to be in a healthy and active condition. If any one of these non-cooperates, it may lead to the dissolution of the co-operative society and death. It is the same thing with every institution and it is so in regard to the problem of dealing with children. Doctors may stress malnutrition and disease. Educationists may stress education, social workers may stress environmental factors but it is the co-operation of all concerned that is necessary for work in this field and to find a proper solution. It is in this respect that a Seminar like this will serve a useful purpose. Let us not despair on account of paucity of resources. Let us not despair that the work so far done has touched only the fringe of the problem, and has not covered all children of the pre-school age. Before I addressed the Seminar on Mental Retardation, I had occasion to visit the Bala Vihar which is also ably conducted by Mrs. Clubwala Jadhav. I found that mentally retarded children were very well attended there. At the same time I was struck with the fact that there are thousands of children like them who do not get that much of attention. The efforts put forth by each individual in the matter will bear fruit in the long run and on an occasion like this I would like to refer by way of illustration to the work done by Ida Scudder in India, six decades of service in India. With her father she visited a small town, Tindivanam in or about 1900. In those days not only illiterate but even literate persons would not allow a woman to be treated by a male doctor in delivery cases. Times have changed now but when she saw this and found that thousands of deaths occurred during child birth she took it as a serious challenge, went back to America studied medicine, came back to India and started with missionary zeal to give medical aid in a small town, Vellore. She did six decades of service there which neither Vellore, nor the State nor India can forget. Now if you go to Vellore you will find that the Mission Hospital is a foremost hospital not only in this country but in the world doing very good work. You see, such an institution was started by the efforts of a single woman. Are we not having such noble souls among several millions of Indians here who will labour and bring forth such institutions ! The money and labour invested on such work will pay proper dividends in course of time, as the children of today are the future citizens of tomorrow and the child is the father of the man.

Thank you.

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## STATEMENT

VICTOR SOLER SALA

Madam Chairman, Hon. Justice Thiru Sadasivam, Friends,

My brief statement will not cover all the recommendations of the Seminar. They are clear and they are available to everybody. I would however refer to two of the aspects of the Seminar which have impressed me most, namely, a sense of emergency and urgency and the will to act together as a team. These have been included in the recommendations. These words have to be translated into action because it is said that the child is the father of man and that spirit has permeated throughout the deliberations of this Seminar and you have rightly concluded your speech with that note. The best judges of the usefulness and the clear good intentions of the Seminar will be the children themselves. It is the voiceless demands of the millions of children written in their intensive eyes that we should seek to fulfill. As was rightly pointed out by a great authority on child care and development in his introduction to a book, "A country's development in the future should not be judged by the growth of the gross national product or the per capita income but the quality and extension of the services provided for the children of the country". With this we all agree. The needs of the pre-school children require concentration and urgent action. To reach the great majority of children, we will have to look at the system of social services as they are being conceived and see if they will be able to fulfill the tasks. A perspective look to the future will make this task even more easy because what we are aiming at is to build a country whose citizens will be able to participate fully in the economic, political and social aspects for furthering their personal development.

On behalf of the UNICEF, my colleagues and myself, I would like to thank the various authorities and the people of Tamil Nadu, the various organisations, public and private, the Director of the Seminar and all individuals who have made this perspective outlook possible.

Thank you very much.

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## STATEMENT

DR. (MRS.) N.P. MASSE

Mr. Justice Sadasivam and dear colleagues,

On behalf of the International Children's Centre, I wish to express my gratitude to all the agencies, groups, individuals who have made this conference a success. When we started here six days ago, the Seminar had all the characteristics of the pre-school child. It had a previous history, a long-standing history for the pre-school child in India. A lot of things had been done and experiments carried out and the most important part of the life of the pre-school child programme had already been evolved. But we are now in a situation where the problem of pre-school children had become very complex.

In this hall where we had the discussions in the Seminar, the question has been repeatedly asked "to whom does the child belong? whose baby is it?" The directive part in these programmes has been played by the UNICEF. In this connection, on my behalf and I think, on behalf of every body, I wish to express my gratitude to the organisation and also request Mr. Soler Sala to convey our sentiments to the head of the organisation, Mr. Carter. Then we have the Madras office of the UNICEF and they have also helped us all the time in this work. There are the other bodies, such, as UNESCO, WHO, FAO and they have all helped us very much in the successful conduct of the proceedings of this Seminar. These organisations, I consider, are the grand-parents of the pre-school child. Then the pre-school child belongs to the parents, one the Indian Council for Child Welfare and the other the International Children's Centre, Paris, though these two parents live at long distance from one another, they have a close link through correspondence, goodwill, sympathy and also the action of somebody who is not here, the head of the Centre. I thank them very much. On behalf of the I.C.C., Madam Paul Pont has represented it here. May I convey our deep acknowledgement and gratitude for the excellent co-operation which has evolved between us and all the people who work in this field, and I hope it will go on for many years.

Then there are the pre-school institutions, the Balwadis. The Balwadis of Tamil Nadu have already established a long tradition for the care and development of the pre-school child. We cannot think of a better institution than the Balwadis of Tamil Nadu. We are happy to have this experience. Many of the participants to the Seminar visited the

Balwadis run here and were able to have first hand experience of the excellent work done by the Tamil Nadu Government. The Tamil Nadu Government has extended a lot of affection, hospitality and emotional help to these poor children. I thank very much the three representatives of the Tamil Nadu Government for what they have achieved in this direction.

Now, the pre-school needs the services of the Balsevikas and we have a good number of them. But here I must say a special one, who is here with us today. I do not think there are many of that type in India. I mean we have a male Sevika amongst us, and it is Mr. Kulkarni. He is the Balsevika who took care of all our needs, our nutritional, health and other needs. Most of all he provided us with the emotional need. May I say in this connection that Mr. Kulkarni has done a very wonderful job and a beautiful job too. Many of us have organised meetings, many of us have organised Seminars and know what it means to have it run smoothly as he did it. We thank him with all our heart and all the others who worked with him.

Now, who is this pre-school child? That is the question asked all the time during this Seminar. It is you and me and all of us, the 88 or so delegates gathered here, who were faced with all kinds of problems, problems of health, problems of nutrition and problems of education and also problems of social welfare administration, resources economic and human. We grew up together through all these days of the Seminar. We have had discussions all these days, and also heated discussions. If we have had no discussions we would not be involved and the tempo of the discussions had clearly brought out how much we are involved in the advancement and development of the pre-school child. It is clear to us, to all of us what the problem is and we also realised the urgency of the problem and even agreed that there should be a crash programme and action should be taken on that basis. But the most important thing that has emerged out of this Seminar is the common thinking between the different professions, between experts engaged in different fields. We have come to feel that physicians, nutritionists, educationists, social workers, administrators can work together, are ready to co-operate at all levels and we can evolve a common technique to secure maximum efficiency in implementing the various programmes intended to benefit the pre-school children, and better our own earlier performance.

Now I must frankly say what I have repeatedly said during the Seminar discussions. I have visited many countries in this region and elsewhere. I am happy to say I have found a very good response here for this work. Everybody has admitted the need for the development of the pre-school child. What I have seen here is a fascinating experience to me. May I express the hope, that the countries represented here, India, Indonesia, Ceylon, Thailand and others will be strengthening the

existing services. You will thus serve not only this geographical area but serve as an example to the rest of the developing world because every one looks to solutions to this urgent problem. They are looking to you to know what you are doing in regard to this problem, today. If you show them how you do it, you will not only earn the gratitude of your own children but the children of the whole world.

Thank you.

## **VOTE OF THANKS**

**THIRUMATHI S. MANJUBHASHINI**

I shall be brief because most of the delegates have to catch the noon plane.

It is my very pleasant task to propose a Vote of Thanks to all those who contributed to make this unique Seminar, to quote many of the delegates, a tremendous success. The experts and the field workers have come together for the first time to discuss and evolve a programme for pre-school education. Due to the dynamic leadership of Mrs. Guha the drive and energy and the persistent and benevolent leadership of Mr. Kulkarni this Seminar has taken a very definite step in the right direction. This Seminar is unique in its planning for it did not distract the delegates with side attractions until the deliberations were over. But having conducted the Seminar to draw its conclusion, the Director presented the delegates with the opportunity of visiting the most important place in our State, that is, Mahabalipuram, which many of you who are here are seeing for the first time.

On behalf of the Madras State Council for Child Welfare, I thank one and all of you for having put up with the shortcomings in the arrangements we have made. We wish you all a very happy journey.

Thank you.

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## APPENDIX I

### MEMBERS OF THE SEMINAR PREPARATORY COMMITTEE

1. Mrs. Kitty Shiva Rao\*,  
Chairman, Seminar Committee,  
85, Lodhi Estate,  
NEW DELHI.
2. Dr. (Mrs.) Phulrenu Guha,  
Chairman, Seminar Committee and  
President, Indian Council for Child Welfare,  
New Delhi.
3. Mrs. Shyam Kumari Khan,  
Hony. General Secretary,  
Indian Council for Child Welfare,  
New Delhi.
4. Mr. Radha Raman,  
Hony. Treasurer,  
Indian Council for Child Welfare,  
11, Talkatora Road,  
New Delhi.
5. Mr. V.M. Kulkarni,  
Seminar Director,  
Indian Council for Child Welfare,  
New Delhi.
6. Mr. David Henry,  
UNICEF,  
UNICEF House,  
11, Jor Bagh,  
New Delhi.
7. Dr. Ram Das,  
Chief, Applied Nutrition,  
UNICEF,  
11, Jor Bagh,  
New Dehli.

\* Mrs. Kitty Shiva Rao was Chairman of this committee for sometime. Later on Dr. (Mrs.) Phulrenu Guha was the Chairman.

8. Mrs. M.C. Nanavatty,  
Adviser,  
Department of Social Welfare,  
Government of India,  
Shastri Bhawan,  
New Delhi.
9. Mrs. H.S. Dhillon,  
Deputy Director,  
Central Health Education Bureau,  
Temple Lane, Kotla Road,  
New Delhi.
10. Dr. O.P. Ghai,  
Prof. & Head of the Paediatrics,  
All India Institute of Medical Sciences,  
Ansari Nagar,  
New Delhi.
11. Mrs. Meena Swaminathan,  
Indian Agriculture Research Institute,  
B/8 Pusa,  
New Delhi.
12. Dr. D. Paul Choudhury,  
Director (PC)  
Dept. of Community Development,  
Ministry of Food, Agriculture, Community Development  
and Co-operation,  
Krishi Bhawan,  
New Delhi.
13. Mr. O.P. Mittal,  
Senior Research Officer,  
Planning Commission,  
Yojana Bhawan,  
Parliament Street,  
New Delhi.
14. Mrs. Neera Dogra,  
Chairman,  
Central Social Welfare Board,  
10, Parliament Street,  
New Delhi.
15. Mrs. S. Doraiswamy,  
Asstt. Educational Adviser,  
Ministry of Education,  
Government of India,  
Shastri Bhawan,  
New Delhi.

16. Mr. P.N. Kaul,  
Ministry of Education,  
Government of India,  
Shastri Bhawan,  
New Delhi.
17. Dr. A.M. Gade,  
Regional Adviser on Maternal and Child Health,  
World Health Organisation,  
WHO House,  
Indraprastha Estate,  
New Delhi.
18. Miss Indira Malani,  
Reader,  
Dept. of Educational Psychology and Foundations of Education,  
National Council for Educational Research and Training,  
Mehrauli Road,  
New Delhi.
19. Dr. (Mrs.) R. Murlidharan,  
Reader,  
National Council of Educational, Research and Training,  
Mehrauli Road, New Delhi.
20. Dr. K. Bagchi,  
Nutrition Adviser,  
Ministry of Health, Family Planning, Works, Housing and  
Urban Development,  
Government of India,  
Nirman Bhawan,  
New Delhi.
21. Shri J.P. Naik,  
Educational Adviser,  
Ministry of Education,  
Government of India,  
Shastri Bhawan,  
New Delhi.
22. Dr. Nag Chowdhary,  
Planning Commission,  
Yojana Bhawan,  
New Delhi.
23. Mrs. Tara Ali Baig,  
R-8, Hauz Khas,  
New Delhi.

24. Mr. Charles L. Sykes,  
Chief of Mission, CARE India,  
B-28, Greater Kailash,  
New Delhi.
25. Smt. Sita Basu,  
Assitant Secretary,  
Indian Council for Child Welfare,  
New Delhi.
26. Dr. (Miss) E.V. Sebastian,  
Asstt. Commissioner,  
Department of Family Planning,  
Ministry of Health, Family Planning,  
Works, Housing and Urban Development,  
Government of India,  
Nirman Bhawan,  
New Delhi.
27. Mr. John Barnabas,  
Director, Central Institute of Research & Training in  
Public Co-operation,  
C-1/4, Safdarjung Development Area,  
New Delhi.

## APPENDIX II

### CHAIRMEN AND RAPPORTEURS OF THE PLENARY SESSIONS

#### CHAIRMEN

Dr. (Smt.) Phulrenu Guha  
Dr. O.P. Ghai  
Dr. (Mrs.) Protibha Gupta  
Mr. K.N. George  
Dr. (Mrs.) N.P. Masse  
Mr. P.P.I. Vaidyanathan  
Dr. Sutedjo  
Dr. (Mrs.) Rajammal P. Devadas  
Dr. Kalyan Bagchi  
Mr. M.C. Nanavatty  
Mrs. Mary Clubwala Jadhav

#### RAPPORTEURS

Dr. (Mrs.) R. Narmada  
Dr. J. R. Bhatia  
Dr. D. Paul Chowdhry  
Miss. I. Malani  
Dr. B.N.S. Walia  
Mrs. Sita Basu  
Mr. P.V. Swaminathan  
Dr. (Mrs.) Amita B. Verma  
Dr. E.V. Sebastian  
Dr. K.G. Krishnamoorthy  
Dr. Kalyan Bagchi  
Mr. O.P. Mittal

### APPENDIX III

#### DOCUMENTS CONSIDERED BY THE SEMINAR

Bagchi, Dr. Kalyan	Nutritional Programmes for the Pre-School Child in India
Central Health Education Bureau	Health Education: People's Involvement
Christopher, Dr. (Mrs.) R.	Health Care—Promotive and Preventive Services for the Pre-School Child (1-6 years)
Desai, (Mrs.) Manu	Parent and Community Involvement in Services for the Pre-School Child
Ghai, Dr. O. P.	Training of Health and Nutrition Personnel
Gopalan, Dr. C.	Nutritional Status: Needs and Services
International Children's Centre, Paris	Growth and Development of the Young Child from One to Six Years
Joostan, A. M.	Contribution of Dr. Maria Montessori to Children's Education
Khalakdina, Dr. (Mrs.) M.	An Evaluative Perspective on Services for the Pre-School Child
Kulkarni, V. M. and Mittal, (Miss) M.	Survey Report: Status of Services for the Pre-School Child in India
Mahadevan, Mrs. Meera	Pre-School Education for Poor
Malani, (Miss) I.	Socio-Emotional and Cognitive Development
Masse, Dr. (Mrs.) N.P.	Growth and Development of the Young Child from One to Six Years of Age
Mittal, O. P.	Mobilisation of Resources for Services for the Pre-School Child

Muralidharan, Dr. (Mrs.) R.	Pre-School Education : What it Should Give ?
Nanavatty, M.C.	Planning and Coordination of Services for Pre-School Children
Nayar, Dr. (Miss) C.	Training of Welfare Personnel
Padalkar, (Mrs.) Latika	Welfare and Recreation Programmes in Rural Areas
Panandikar, (Miss) S.	Training and Development of Educational Personnel for the Pre-School Child
Phadke, Dr. M. V. and Kulkarni, Dr. (Miss) H. D.	Growth and Development of Pre-School Children
Phadke, Dr. (Miss) S.	Welfare and Recreation Programmes in Urban Areas
Raju, Dr. V. B. and Dr. R. Narmada	Morbidity and Mortality in Pre-School Children
Dr. Subramaniam, Jayam Mr. Peter, A.	
Regnier, (Miss) P.	(i) Educational Needs of the Pre-School Child (ii) The Training of Personnel in Pre-School Education
UNESCO Presented by : Paul Pont, (Mrs.) I.	Pre-School Education in Developing Countries*
Varadachar, Dr. Beba D.	The Pre-School Child and some of His 'Developmental Tasks'

\*Since this document was prepared for UNESCO as a contribution to the Seminar on the Protection of Pre-school age Children, organized by the International Children's Centre, Paris, it is not included in this Report although it was presented at the Seminar.

## APPENDIX IV

### SPECIAL INVITEES, DELEGATES AND OBSERVERS

#### Special Invitees

Thiru V. R. Nedunchezhian

Minister for Health and Education, Government of Tamil Nadu

Dr. (Thirumathi) Visalakshi Nedunchezhian

Justice Thiru R. Sadasivam

High Court of Tamil Nadu

Mr. B. Venkatappiah

Member Planning Commission, Government of India

#### Delegates

Mr. S. P. Ambrose

Secretary, Department of Social Welfare, Government of Tamil Nadu.

Dr. Kalyan Bagchi

Nutrition Adviser, Ministry of Health and Family Planning, Government of India.

Miss T. Bahel

Deputy Director (W. P.) Development and Panchayat Department, Government of Punjab.

Mr. S. R. Bahl

Public Information Officer, South Central Asia Regional Office, UNICEF, New Delhi.

Mr. Bal Gopal K. C.

Office of the UNICEF Representative in South India, Madras.

Mr. John Balcomb

Chief, Public Information, South Central Asia, Regional Office UNICEF, New Delhi.

Mrs. K. K. Barua

Chairman, Assam State Social Welfare Advisory Board.

- Mrs. Sita Basu  
Reader, Delhi School of Social Work.
- Dr. J. R. Bhatia  
Associate Professor of Community Health, All India Institute of Medical Sciences, New Delhi.
- Miss M. J. Bonnal  
Assistant, Department of Developing Countries, International Children's Centre, Paris.
- Mr. Gordon Carter  
Director, South Central Asia Regional Office, UNICEF, New Delhi
- Dr. P. Charumilind  
Special Grade Officer and Director of Health Promotion Division, Bangkok Municipality.
- Mr. S. V. Chittibabu  
Director of School Education, Government of Tamil Nadu.
- Dr. D. Paul Chowdhry  
Director (Public Co-operation), Department of Community Development and Co-operation, Government of India.
- Dr. (Mrs.) R. Christopher  
Assistant Director of Health Services (MCH), Government of Mysore.
- Mrs. Mary Clubwala Jadhav  
Vice-President, Indian Council for Child Welfare.
- Mrs. Manu Desai  
Head, Department of Family and Child Welfare, Tata Institute of Social Sciences, Bombay.
- Dr. (Mrs.) Rajammal P. Devadas  
Principal, Sri Avinashilingam Home Science College, Coimbatore.
- Mr. Devaraj  
Centre for Training and Research in Municipal Administration, Indian Institute of Public Administration, New Delhi.
- Mrs. Neera Dogra  
Chairman, Central Social Welfare Board.
- Dr. (Mrs.) L.N. Fernando  
Medical Officer (MCH), Ceylon.
- Dr. V. J. Gadre  
Assistant Director of Health Services and State Nutrition Officer, Government of Madhya Pradesh.
- Mr. K. N. George  
Director, Madras School of Social Work.

- Dr. O.P. Ghai**  
Professor and Head of the Department of Paediatrics, All India Institute of Medical Sciences, New Delhi.
- Dr. C. Gopalan**  
Director, National Institute of Nutrition, Hyderabad.
- Dr. (Mrs.) Phulrenu Guha**  
President, Indian Council for Child Welfare.
- Dr. (Mrs.) Protibha Gupta**  
Training College for Women, Calcutta.
- Mr. David Henry**  
Programme Officer, South Central Asia Regional Office, UNICEF, New Delhi.
- Professor J.E. Jayasuriya**  
Professor of Education, University of Ceylon.
- Dr. (Miss) Maria de Jiaccamo**  
Ministry of Food, Agriculture, Cooperation and Community Development, Government of India.
- Mr. A. M. Joostan**  
Director, Indian Montessori Training Courses and Special Representative of Association Montessori Internationale.
- Mrs. P. Kalpagam**  
Indian Council for Child Welfare, Tamil Nadu Branch.
- Dr. (Mrs.) M. Khalakdina**  
Reader, Department of Home Science, Lady Irwin College, New Delhi.
- Mrs. Shyam Kumari Khan**  
General Secretary, Indian Council for Child Welfare.
- Dr. K. G. Krishnamoorthy**  
Senior Research Officer, Planning Commission, Government of India.
- Mr. V. M. Kulkarni**  
(Director of the Seminar on the Pre-School Child)  
Indian Institute of Public Administration, New Delhi.
- Mrs. V. T. Lakshmi**  
Indian Council for Child Welfare, Tamil Nadu Branch.
- Swami Lokeshwarananda**  
Secretary, Ramakrishna Mission Ashram, Narendrapur.
- Mrs. Meera Mahadevan**  
Chairman, Mobile Crches for Working Mothers' Children.
- Miss I. Malani**  
Reader, Department of Educational Psychology and Foundations of Education, National Council for Educational Research and Training.

**Dr. K. D. Malaviya**

State Nutrition Officer, Government of Uttar Pradesh.

**Mrs. S. Manjubhashini**

Indian Council for Child Welfare, Tamil Nadu Branch.

**Dr. S. V. Mapuskar**

Medical Officer in-charge, Primary Health Centre, Dehnu (Maharashtra).

**Miss Kaushalya Mathur**

Producer, Women's Programmes, All India Radio.

**Dr. (Mrs.) N. P. Masse**

Paediatrician, Director of Department of Training, International Children's Centre, Paris.

**Miss L. R. Mitra**

Assistant Director-cum-Under Secretary to Government, Community Development and Panchayati Raj Department, Orissa.

**Miss M. Mittal**

Research Associate, Secretariat of the Seminar on the Pre-School Child.

**Mr. O.P. Mittal**

Senior Research Officer, Planning Commission.

**Mrs. Shalini Moghe**

Montessori Teacher Training Institute, Indore, (Madhya Pradesh).

**Mr. O. K. Moorthy**

Director, Department of Social Welfare, Government of India.

**Dr. (Mrs.) R. Muralidharan**

Reader, Department of Educational Psychology and Foundations of Education, National Council for Educational Research and Training.

**Mr. M. C. Nanavatty**

Adviser, Department of Social Welfare, Government of India.

**Dr. (Miss) C. Nayar**

Technical Officer, Indian Council for Child Welfare.

**Mrs. Latika Padalkar**

Director of Women's Welfare, Government of Tamil Nadu.

**Mrs. Uma Pandey**

Nepal Children's Organisation.

**Mr. Ronald Parlato**

Cooperative for American Relief Everywhere (CARE), India.

**Dr. D. V. Parulekar**

Executive Health Officer, Municipal Corporation of Greater Bombay.

**Mrs. I. Paul Pont**

Economist, Technical Adviser to this Seminar, International Children's Centre, Paris.

**Dr. M. V. Phadke**

Professor of Paediatrics, B. J. Medical College, Poona.

**Dr. (Miss) S. Phadke**

Programme Officer, South Central Asia Regional Office, UNICEF, New Delhi.

**Dr. Laxmi Narayan Prasad**

Nepal Children's Organisation.

**Mrs. Pritam Kaur**

Director of Women's Programmes, Development Department, Government of Haryana.

**Mr. Radha Raman**

Hony. Treasurer, Indian Council for Child Welfare.

**Dr. B. K. Ramanujam**

Director, Godavari Centre for Family Relations, B. M. Institute of Child Development, Ahmedabad.

**Dr. V. B. Raju**

Director and Superintendent, Institute of Child Health and Hospital for Children, Madras.

**Dr. K. K. P. N. Rao**

Senior Nutrition Adviser, United Nation's Food and Agriculture Organisation.

**Mr. K. Lakshman Rao**

Director of Social Welfare, Government of Mysore.

**Miss P. Regnier**

Inspectrice Department des Ecoles Maternelles, International Children's Centre, Paris.

**Mr. D. R. Repp**

UNICEF Representative in South India, Madras.

**Dr. E. V. Sebastian**

Assistant Commissioner (MCW), Department of Family Planning, Government of India.

**Dr. (Mrs.) K. Shakunthala Devi**

Assistant Director of Medical and Health Services and State Nutrition Officer, Government of Andhra Pradesh.

**Dr. S. K. Sharma,**

Assistant Director of Health Services, Government of Haryana.

**Dr. A. F. El-Sherbini**

World Health Organisation, Regional Office for South East Asia, New Delhi.

Mrs. Srirajyam Sinha

Director of Women's Welfare, Government of Andhra Pradesh.

Mr. Victor Soler Sala

Chief, Planning, South Central Asia Regional Office, UNICEF,  
New Delhi.

Miss Kartar Saund

Nutrition Officer, Development Department, Delhi Administration.

Dr. S. Subbiah

Assistant Director, Health Education Bureau, Government of  
Tamil Nadu.

Dr. Sutedjo

Head of Paediatrics Division, Medical Faculty, University of  
Indonesia.

Mrs. Mina Swaminathan

Director, Nehru Experimental Centre, New Delhi.

Mr. P. V. Swaminathan

Secretary, Department of Health, Education and Welfare,  
Government of Pondicherry.

Mr. P.P.I. Vaidyanathan

Additional Secretary, Department of Social Welfare, Goverment  
of India.

Dr. Beba D. Varadachar

Department of Sociology, University of Delhi.

Mrs. M.M. Veerasingham

Assistant Director of Social Services, School of Social Work, Ceylon.

Mrs. Champalakshmi Venkatachalam

Chairman, State Social Welfare Board, Tamil Nadu.

Dr. (Mrs.) Amita B. Verma

Head, Department of Child Development, M.S. University, Baroda.

Mrs. S. K. Verma

Director of Social Defence, Government of Gujarat.

Dr. (Mrs.) A. Vigg

Assistant Director of Medical and Health Services (MCH),  
Government of Andhra Pradesh.

Miss A. Vishalakshi

Women's Welfare Officer (Nutrition), Community Development  
Department, Government of Mysore.

Dr. B. N. S. Walia

Associate Professor of Paediatrics, Post-graduate Institute of  
Medical Education and Research, Chandigarh.

### Observers

**Mr. Paul Cifrino**

United States Agency for International Development Mission to India (USAID).

**Dr. (Miss) F. Theophilis**

Head, Department of Home Science, Women's Christian College, Madras.

### Seminar Secretariat

**Mr. V.M. Kulkarni**  
Miss M. Mittal

Seminar Director  
Research Associate

## APPENDIX V

### PROGRAMME

Monday, 14 December 1970:

8.30 a.m.—09.15 a.m.	Registration
9.30 a.m.—10.30 a.m.	Inaugural session Welcome by Dr. Phulrenu Guha, Chairman, Seminar Committee Brief Statements by: <ol style="list-style-type: none"><li>1. Mr. Gordon Carter, Director, UNICEF, South Central Asia Region</li><li>2. Representative of the International Children's Centre, Paris</li></ol>
	Inaugural Address by Shri B. Venkatappiah, Member, Planning Commission
	Opening of Exhibition by: Thiru V.R. Nedunchezhian, Minister for Education and Health, Tamil Nadu
	Vote of Thanks
10.30 a.m.—11.00 a.m.	Coffee Break
<b>Needs of the Pre-School Child</b>	
11.00 a.m.—01.00 p.m.	Presentation of papers
<b>Health</b>	
	<ol style="list-style-type: none"><li>1. Growth and Development —Dr. M.V. Phadke</li><li>2. Growth and Development of the Young Child —Dr. (Mrs.) N.P. Masse</li><li>3. Morbidity and Mortality Dr. V.B. Raju</li></ol>

4. Health Care—Promotive and Preventive Services  
—Dr. (Mrs.) Ranee Christopher
5. Health Education — People's Involvement  
—Central Bureau of Health Education

**Nutrition**

6. Nutritional Status—Needs and Services  
—Dr. C. Gopalan
7. Nutritional Programmes in India  
—Dr. K. Bagchi

Discussion

01.00 p.m.—02.00 p.m.

Lunch Break

02.00 p.m.—03.45 p.m.

Presentation of papers

**Education**

8. Educational Needs of the Pre-School Child  
—Miss P. Regnier
9. Pre-School Education—What it should give ?  
—Dr. (Mrs.) R. Muralidharan
10. Socio-emotional and Cognitive Development  
—Miss I. Malani

03.45 p.m.—04.00 p.m.

Tea break

Statement by Mr. A.M. Joostan

Statement by Dr. Beba D. Varadachar

Discussion

Resume

*Tuesday, 15 December 1970*

9.00 a.m.—10.45 a.m.

Presentation of Papers

**Welfare and Recreation**

11. Welfare and Recreation programmes in Urban Areas  
—Dr. (Miss) S. Phadke
12. Welfare and Recreation programmes in rural areas  
—Smt. Latika D. Padalkar

10.45 a.m.—11.00 a.m.	Coffee break
<b>Present status of health, nutrition, education, welfare and recreation programmes</b>	
11.00 a.m.—01.00 p.m.	Presentation of the Position Paper on "Status of Services for the Pre-School Child in India" —Shri V.M. Kulkarni Miss M. Mittal
	Discussion on the issues raised in all the documents presented earlier
01.00 p.m.—02.00 p.m.	Lunch break
02.00 p.m.—03.45 p.m.	Discussion continues
03.45 p.m.—04.00 p.m.	Tea break
04.00 p.m.—05.00 p.m.	Discussion continues Resume
05.30 p.m.	Tea by the Minister for Education and Health, Tamil Nadu

*Wednesday, 16 December 1970:*

**Mobilization of resources including personnel development**

09.00 a.m.—10.45 a.m.	Presentation of papers Presentation of UNESCO Document —Mrs. I. Paul Pont
	13. Mobilization of Resources for Services for the Pre-School Child —Shri O. P. Mittal
	14. Parent and Community Involvement —Smt. Manu Desai Discussion
10.45 a.m.—11.00 a.m.	Coffee break
11.00 a.m.—01.00 p.m.	15. Health and Nutrition Personnel —Dr. O. P. Ghai
	16. Education Personnel —Miss S. Panandikar Training of Personnel in Pre-School Education —Miss P. Regnier

17. Training of Welfare personnel  
—Dr. (Miss) C. Nayar

01.00 p.m.—02.00 p.m.	Lunch break
02.00 p.m.—03.45 p.m.	Discussion continues
03.45 p.m.—04.00 p.m.	Tea break
04.00 p.m.—05.00 p.m.	Presentation of paper
	18. Evaluative Perspective on Services for the Pre-School Child
	—Dr. (Mrs.) M. Khalakdina
	Discussion
	Resume

Thursday, 17 December 1970:

**The strategy for health, nutrition, education,  
welfare and recreation programmes**

09.00 a.m.—10.45 a.m.	Presentation of paper
	19. Planning and co-ordination
	—Mr. Meher C. Nanavatty
	Discussion
10.45 a.m.—11.00 a.m.	Coffee break
11.00 a.m.—01.00 p.m.	Discussion on strategy in relation to all the programmes continues
01.00 p.m.—02.00 p.m.	Lunch break
02.00 p.m.—03.45 p.m.	Discussion on strategy area-wise: (a) Health (b) Nutrition (c) Education (d) Welfare and Recreation (e) Resource Mobilization (i) Material Resources (ii) Human Resources (iii) Governmental and Voluntary Resources (iv) Aid (v) Equipment (f) Research and Evaluation (g) Policy-Programme framing —implementation (h) Administrative Structure, Supervision, etc.

03.45 p.m.—04.00 p.m.

Tea break

04.00 p.m.—05.00 p.m.

Earlier discussion continues

*Friday, 18 December 1970*

9.00 a.m.—10.45 a.m.

Discussion continues

10.45 a.m.—11.00 a.m.

Coffee break

11.00 a.m.—01.00 p.m.

Visits to a few centres of relevant services for the pre-school child for interested delegates

1.00 p.m.—02.00 p.m.

Lunch

Drafting of the Report

*Saturday, 19 December 1970*

09.00 a.m.—10.45 a.m.

Presentation of the report and discussion

10.45 a.m.—11.00 a.m.

Coffee break

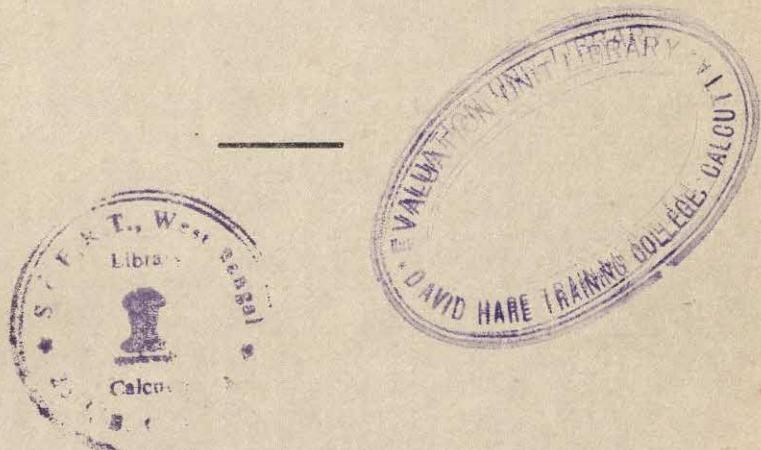
11.00 a.m.—11.25 a.m.

Discussion on the report continues

11.30 a.m.—12.30 p.m.

Valedictory Address by:

Mr. Jagannath Rao\*,  
Minister of State in the Ministry of Law and Social Welfare, Government of India.




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\* Mr. Jagannath Rao was unable to attend and hence the Hon. Justice Thiru R. Sadasivam gave the Valedictory Address.

Chitwan National Park	100.00 — 100.00
Corbett National Park	100.00 — 100.00
Keoladeo National Park	100.00 — 100.00
Kaziranga National Park	100.00 — 100.00
Lakshman Jhula National Park	100.00 — 100.00
Machli National Park	100.00 — 100.00
National Capital Region	100.00 — 100.00
Nilgiri Biosphere Reserve	100.00 — 100.00
Orchha National Park	100.00 — 100.00
Panna National Park	100.00 — 100.00
Rajaji National Park	100.00 — 100.00
Sundarbans National Park	100.00 — 100.00
Tadoba Andhari National Park	100.00 — 100.00
Yala National Park	100.00 — 100.00

